



Transparency Report Indigent Health Care at University of New Mexico Hospital

Indigent Care Costs Decreased but Shortfall Remains
State and local governments provide several sources of funding to hospitals in order to support health care for economically disadvantaged people. Understanding the impact of these funds in the already complex landscape of health care costs and payments has proved challenging for policy makers and the public. The Office of the State Auditor (OSA) received several inquiries seeking additional transparency in this area. The University of New Mexico Hospital and its affiliates (collectively, UNMH) agreed to participate in a special audit of revenues and expenses related to indigent health care (the “Special Audit”).

The Special Audit found that UNMH’s costs of indigent care have decreased by over 50% between Fiscal Year 2014 and Fiscal Year 2016. Due to Medicaid expansion and the Affordable Care Act, the resulting shortfall, meaning the amount of uncompensated indigent care that UNMH provides, decreased steadily even though UNMH served 34% more indigent patients. However, a \$60 million shortfall still remains.

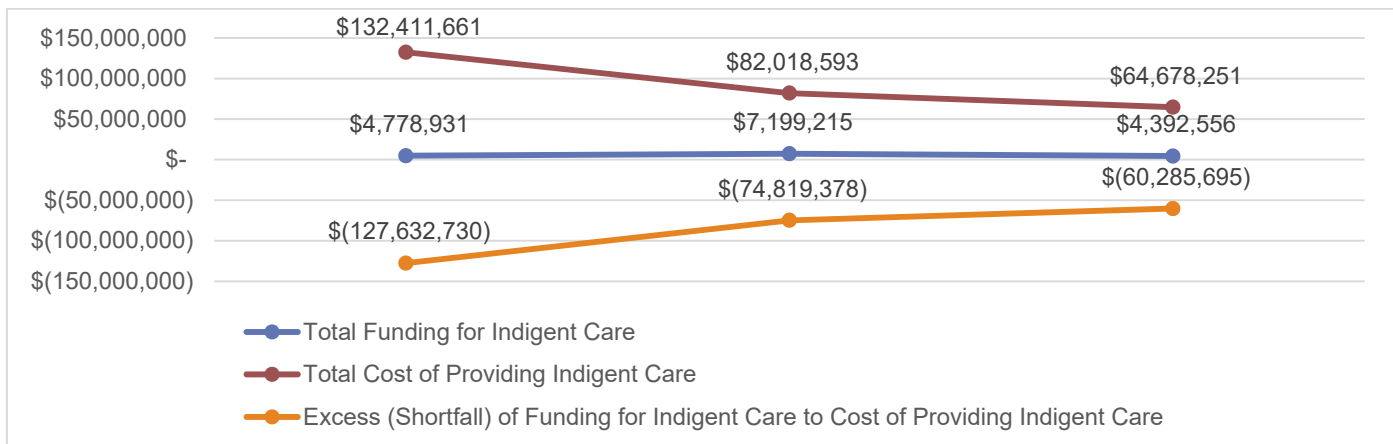
The Bernalillo County and Sandoval County mill levies are not designated or restricted for indigent health care. Instead, that money is directed more generally toward operating a hospital for the general public, which includes the only Level 1 Trauma Center and the only teaching hospital in the state. In Fiscal Year 2016, the Bernalillo County mill levy generated \$95,849,349 for the benefit of UNMH, and the portion of the Sandoval County mill levy for the benefit of Sandoval Regional Medical Center generated \$6,152,531.

Health Care Finance in a nutshell

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Hospital costs are the direct costs (like nurses’ salaries, supplies) and indirect costs (like the salaries of accounting staff) that a hospital incurs to provide care to a patient. **Hospital charges** are like a “list price” for medical services. However, charges are not identical to the prices that most patients pay. Instead, most patients pay a **negotiated rate**, which commercial insurers, Medicaid and Medicare have negotiated with healthcare providers on behalf of their members. Because the charges are specific to services while the costs are generalized for the whole enterprise, hospitals generate a **cost-to-charge ratio** by dividing total hospital charges by total hospital costs. To calculate the cost of services to indigent patients, the Special Audit multiplied the charges for those patients by the cost-to-charge ratio.

Indigent Care Costs, Funding and Net Shortfalls in Funding, FY 2014-2016



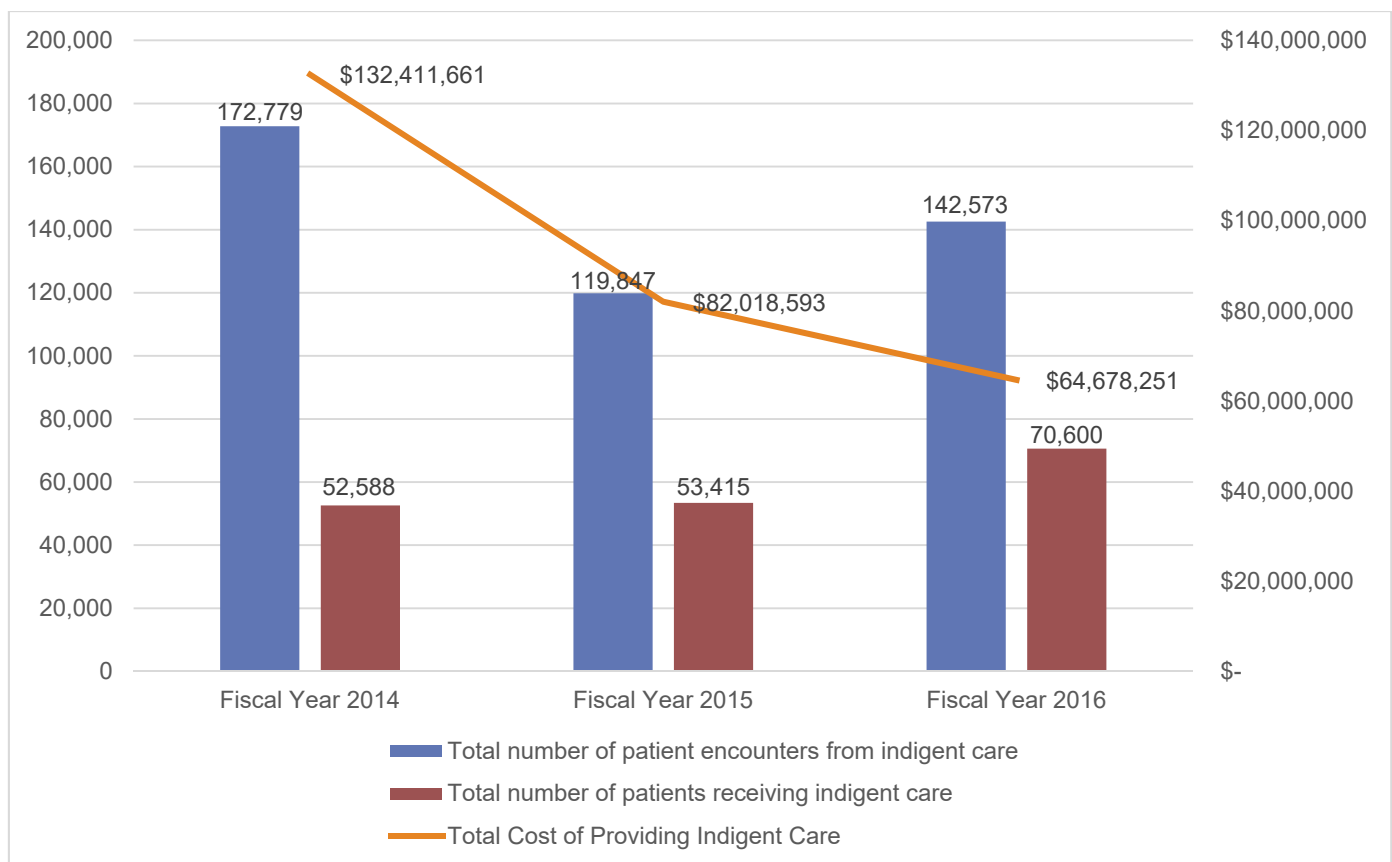
Analysis

Because of the nature of hospital finance, it is difficult to draw a straight connection between the dollar value of funding that UNMH receives for indigent care and the dollar value of indigent healthcare services it provides. While revenue is relatively straightforward, there is not a clear answer as to whether the value of services should be measured by the hospital charge, a negotiated rate, or some other measure (see box on page 1). To help resolve this, the OSA asked UNMH to establish several metrics to measure against revenue:

- Services provided to indigent patients, based on hospital charges
- Services provided to indigent patients, based on hospital costs
- The number of indigent patients served
- The number of indigent patient encounters

UNMH attributes the decrease in indigent health care costs to Medicaid expansion and the Affordable Care Act (ACA), which have reduced the costs of serving some patients who continue to rely on the primary financial assistance program, known as UNM Care. Patients who have Medicaid or an ACA plan may still utilize UNM Care on a secondary basis to provide financial assistance with copays and deductibles. The number of patients with UNM Care financial assistance on a secondary basis has increased since Fiscal Year 2014. These patients would have been eligible for full coverage of their encounters under UNM Care but now have some other form of coverage, resulting in a decreased cost to UNMH.

Indigent Care Patient Encounters, Patients and Costs, Fiscal Years 2014-2016



What “counts” as Indigent Health Care?

Although the term “indigent” is somewhat antiquated, it is still commonly used to describe programs designed to provide healthcare to people who cannot afford it. In developing the procedures performed during the Special Audit, the OSA worked with UNMH to determine what should be included as indigent healthcare for the purposes of this Report.

- The primary program for indigent health care is called UNM Care. UNM Care gives financial assistance to low-income individuals, and is described in more detail below. This Report includes UNM Care costs, charges and patient data as indigent health care. UNM Care is included whether it was the primary source of financial assistance to the patient, or secondary to Medicaid, Medicare or private insurance.
- The Emergency Medical Services for Aliens (EMSA) program provides federal reimbursement for emergency services to certain non-citizens who meet all eligibility criteria for an existing Medicaid category except for their immigration status. This Report includes EMSA costs, charges and patient data as indigent health care.
- Although UNM Care offers financial assistance for low-income people, the Special Audit did not include costs, charges and payments for the portion of care provided by UNMH to Medicaid patients for Medicaid covered services under the Centennial Care Program.
- The Special Audit did not include as costs any “bad debt,” meaning the amounts that patients owe to UNMH but have not paid for a significant amount of time, regardless of whether those individuals were from low-income backgrounds. Bad debt is considered to be uncompensated care. Some bad debt may stem from services to patients whose income may have qualified the patient for either Medicaid or indigent status but were not eligible due to immigration status, inclusion in a population considered not covered by Emergency Medical Services for Aliens, or to patients whose income levels were greater than income thresholds for either UNM Care or Medicaid. However, bad debt is not necessarily from low-income persons.

Many discussions of healthcare costs use the term “uncompensated care.” Uncompensated care equals the uncompensated costs of providing indigent healthcare, plus bad debt.

On the revenue side, the OSA erred on the side of inclusion. The revenue streams dedicated to indigent healthcare are certain state appropriations, out-of-county indigent funds, payments and copayments received from uninsured patients qualifying for indigent care, reimbursement received for services provided to patients qualifying for coverage under EMSA, and charitable contributions from donors that are designated for indigent care.

Mill levy revenue is not included in the calculations of excess/shortfall in funding for indigent care. This is because the mill levies in Bernalillo and Sandoval Counties are not designated or restricted for indigent care. For example, the Bernalillo County 2016 ballot asks about imposing “a tax levy of Six and Four-Tenths (6.4) mills each year for a maximum of eight (8) years on each dollar of net taxable value of property in Bernalillo County, New Mexico, **for the operation and maintenance of the University of New Mexico Hospital**” (emphasis added). The mill levy in Sandoval County is not exclusively for the UNM Sandoval Regional Medical Center.

UNM Care

UNM Care, also sometimes referred to as UNM Charity Care, provides financial assistance to qualifying low income adults. To qualify for UNM Care, patients must provide documentation that they live in and have an intent to remain in Bernalillo County and have income below 300% of the Federal Poverty Level (FPL). For a family of three, in 2016, the Federal Poverty Level was \$20,090 in annual income. Patients can enroll in UNM Care prospectively, but more commonly, UNMH will determine eligibility for UNM Care after a patient has sought services and has been determined to be eligible. Once established, eligibility is good for one year. UNM Care patients pay a small sliding-scale co-payment. Even if a patient has insurance, they may be eligible for UNM Care as a secondary source of financial assistance. This is a more common occurrence after the Affordable Care Act’s individual mandate increased the use of high-deductible plans. The Special Audit included testing of the UNM Care policies and procedures to determine

whether patients were being properly enrolled in the program. The findings from this test work appear in the Special Audit Report.

Methodology

The Office of the State Auditor designated UNMH for a Special Audit of indigent healthcare charges, costs and revenues. UNMH selected Moss Adams LLP as its independent public accounting firm. Moss Adams and UNMH received input from the OSA on the agreed-upon procedures to be applied during the Special Audit. We note that within the term “UNMH,” this Transparency Report includes UNM Hospital, UNM Sandoval Regional Medical Center, and services rendered by the UNM Medical Group. The entire Moss Adams Special Audit report is attached to this Transparency Report.

UNMH provides a detailed set of reports to the public in its “Governor’s Task Force” series. However, because the focus of these reports is not on understanding indigent healthcare, they seem to have created some confusion. The OSA used the Task Force reports as a starting point, but created new disclosure requirements for this Report. The OSA intends to use this work to expand and make uniform the disclosure of these items statewide.

Learn More

The Impact of Federal Healthcare Reform on Bernalillo County, by Dr. Kelly O’Donnell, 2011

<http://www.bchealthcouncil.org/Resources/Documents/BernalilloCountyUNMCareFINALREPORT.pdf>

University of New Mexico Hospital Mill Levy Information Page

<http://www.bernco.gov/county-manager/university-of-new-mexico-hospital-mill-levy.aspx>

REPORT OF INDEPENDENT ACCOUNTANTS ON APPLYING AGREED-UPON PROCEDURES

Board of Regents
University of New Mexico
and
Timothy Keller, New Mexico State Auditor

We have performed the procedures enumerated below, which were agreed to by the University of New Mexico Health Sciences Center (“UNM HSC”) and the New Mexico Office of the State Auditor (collectively referred to as the “Parties”), solely to assist the Parties in evaluating the information included in UNM HSC’s Indigent Care Cost and Funding Reports for Bernalillo and Sandoval Counties (the “Reports”), prepared in accordance with the Definitions for Indigent Care Cost and Funding Components and the applicable Financial Assistance policies, for the three-year period ended June 30, 2016. UNM HSC is responsible for the Reports. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in this report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures performed on the Reports, which are attached hereto as Attachment A, and the results of those procedures, are as follows:

1. We recalculated the mathematical accuracy of the following line items:
 - a. Total Funding for Indigent Care.
 - b. Total Cost of Providing Indigent Care.
 - c. Excess (Shortfall) of Funding for Indigent Care to Cost of Providing Indigent Care.

Result: No variances were noted in the mathematical accuracy of the Reports for the line items listed above.

2. For the line item entitled “State appropriations specified for indigent care - Out of County Indigent Fund”, we compared amounts to the amounts listed under “out-of-county indigent fund” in the corresponding New Mexico laws:
 - a. General Appropriations Act of 2013.
 - b. General Appropriations Act of 2014.
 - c. General Appropriations Act of 2015.

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Result: We noted that the amounts in the Reports agreed to the following lines in the respective laws:

- a. Bernalillo County Report 2014 amount was compared to page 175, line 7, of the General Appropriations Act of 2013 and no variances were noted.
 - b. Bernalillo County Report 2015 amount was compared to page 167, line 9, of the General Appropriations Act of 2014 and no variances were noted.
 - c. There were no amounts listed within the UNM HSC section of the General Appropriations Act of 2015 (page 152, line 13 through page 153, line 19) for funding of out-of-county indigent funds for 2016. No differences were noted between this and A1 for 2016 in the Bernalillo County report.
 - d. There were no amounts listed in the General Appropriations Acts of 2013, 2014, or 2015 for out-of-county indigent funds specific to Sandoval County for 2014, 2015, or 2016, respectively. No differences were noted between this and A1 for 2014, 2015, or 2016 in the Sandoval County report.
3. We compared amounts listed on the following line items under Funding for Indigent Care to supporting detail, which consisted of detailed listings of the individual transactions making up the totals, provided by UNM HSC:
- a. County indigent funds received.
 - b. Out of county indigent funds received.
 - c. Payments and copayments received from uninsured patients qualifying for indigent care.
 - d. Reimbursement received for services provided to patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA).
 - e. Charitable contributions received from donors that are designated for funding indigent care.

Result: No variances were noted between the Reports and the supporting detail provided by UNM HSC with respect to the line items listed above.

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4. We compared amounts listed on the following line items under Cost of Providing Indigent Care to the Calculations of Cost of Providing Indigent Care worksheets (the "Worksheets"), which are attached hereto as Attachment B, provided by management:
 - a. Total cost of care for providing services to uninsured patients qualifying for indigent care.
 - b. Total cost of care for providing services to patients qualifying for coverage under EMSA.
 - c. Cost of care related to patient portion of bill for insured patients qualifying for indigent care.
 - d. Direct costs paid to other providers on behalf of patients qualifying for indigent care.

Result: No variances were noted between the Reports and the Worksheets with respect to the line items listed above.

5. With respect to the Worksheets, we compared amounts listed under each of the following line items to supporting detail schedules by patient account provided by management:
 - a. Uninsured patients qualifying for indigent care.
 - b. Patients qualifying for coverage under EMSA.
 - c. Cost of care related to patient portion of bill for insured patients qualifying for indigent care.
 - d. Direct costs paid to other providers on behalf of patients qualifying for indigent care.

Result: No variances were noted between the Worksheets and the detail provided by UNM HSC with respect to the line items listed above. With respect to B4 on the Bernalillo County report, as the amount listed in the Worksheets for this line item represented expenses paid on behalf of patients rather than charges forgone, the detailed support consisted of general ledger detail for the related expense accounts.

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6. With respect to the supporting detail by patient account provided by management in procedure number 5 above, we selected a random sample of the populations in the detail. Our sample sizes were planned as follows for each of the Reports (Bernalillo County and Sandoval County):

CATEGORY	YEAR ENDED JUNE 30,		
	2014	2015	2016
1. Uninsured patients qualifying for indigent care.	20	20	20
2. Patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA).	10	10	10
3. Cost of care related to patient portion of bill for insured patients qualifying for indigent care.	10	10	10
4. Direct costs paid to other providers on behalf of patients qualifying for indigent care.	10	10	10

Result: Samples were selected as planned, other than category 4 for Sandoval County, as there were no costs included under this category in the Sandoval County report.

7. For each sample selected in procedure number 6 above, we performed the following:
- a. Obtained documentation from management supporting management’s determination that the patient qualified for indigent care and compare management’s determination with the UNM HSC, UNM Hospital, and Sandoval Regional Medical Center Financial Assistance policies in effect during the three-year period ending June 30, 2016 and noted differences.
 - b. For each sample in categories 1-3, we compared the total charges on the patient’s account, as provided by management, to the supporting detail schedules provided by management in procedure number 5 above.
 - c. For each sample in categories 1-3, we noted if a co-pay was required from the patient in accordance with the policies. We obtained information from management as to whether any required payment was received. If a payment was received, we compared it to the detail provided for line A4 of the reports.
 - d. For category 4, we compared the costs to supporting invoices provided by management.

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Result: The results of each component of this procedure are described below:

- 7.a.: For category 4, we noted that 27 of the samples selected from the detail represented expenses paid on behalf of several patients. With respect to this procedure, we sub-selected a single patient from each sample. Within the 270 samples for categories 1-4, we noted the following:
 - For 254 samples (or 94% of the total samples), we noted no difference between management's determination and the policies.
 - For 16 samples (or 6% of the total samples), we noted that there was at least one item required under the Financial Assistance policies that was missing from the documentation supporting management's assessment that the patient qualified for indigent care under the policies.
- 7.b.: Within the 240 samples for categories 1-3, we noted the following:
 - For the 180 samples in categories 1-2 (or 100% of the total of those samples), we noted no difference between charges in the patient's account and the detail schedules provided by management in 5 above.
 - For the 60 samples in category 3 (or 100% of the total of those samples), we noted that the detail provided by management in 5.c. above included only indigent care adjustments and not necessarily the total charges on the patient's account, which is consistent with the Definitions for Indigent Care Cost and Funding Components. We noted no differences between the indigent care adjustments in the patient's account and the detail schedules provided by management in 5.c. above.
- 7.c.: Within the 240 samples for categories 1-3, we noted the following:
 - With respect to whether a co-pay was required:
 - For 101 samples (or 42% of the total samples), we noted a co-pay was required.
 - With respect to whether a co-pay was received on the 103 samples on which a co-pay was required:
 - For 19 samples (or 19% of the applicable samples), we noted the co-pay was received.
 - For 82 samples (or 81% of the total applicable samples), we noted the co-pay was not received.
 - With respect to the 19 samples on which a co-pay was received:
 - For 19 samples (or 100% of the applicable samples), we noted the co-pay was included in the detail provided in 3.c. above.

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- 7.d.: Within the 30 samples selected for category 4, we noted the following:
 - For 30 samples (or 100% of the total samples), we noted no difference between the detail provided by management and the supporting invoices.
- 8. With respect to the Worksheets, we obtained supporting information from management with respect to each percentage listed under “ratio of cost to charges.” The supporting information included calculations based on trial balance and related data, which management used to calculate individual cost to charge ratios by department/entity for each year in the report. We then performed the following:
 - a. Compared the support provided by management to the calculation of the percentage.
 - b. Recalculated the mathematical accuracy of the percentage.

Result: No variances were noted between the Worksheets and the detail provided by UNM HSC with respect to the percentages listed under “ratio of cost to charges” or in the mathematical accuracy of the calculation of the percentages.

- 9. We compared amounts listed under Patients Receiving Indigent Care Services to supporting detail provided by management, which consisted of system summary reports with respect to patients receiving indigent care.

Result: No variances were noted between these amounts on the Reports and the detail provided by UNM HSC with respect to the amounts listed under Patients Receiving Indigent Care Services.

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the Reports. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

Board of Regents
University of New Mexico
and
Timothy Keller, New Mexico State Auditor

This report is intended solely for the information and use of the University of New Mexico Health Sciences Center and the New Mexico Office of the State Auditor and is not intended to be and should not be used by anyone other than these specified parties.

Mess Adams LLP

Albuquerque, New Mexico
October 28, 2016

**University of New Mexico Health Science Center
Indigent Care Cost and Funding Report
UNM Hospitals and UNM Medical Group - Bernalillo County**

	For the year ended June 30,		
	2016	2015	2014
A Funding for Indigent Care			
A1 State appropriations specified for indigent care - Out of County Indigent Fund	\$ -	\$ 662,600	\$ 664,400
A2 County indigent funds received	-	-	-
A3 Out of county indigent funds received	9,242	178,286	1,201,240
A4 Payments and copayments received from uninsured patients qualifying for indigent care	218,282	268,002	576,733
A5 Reimbursement received for services provided to patients qualifying for coverage under EMSA	3,803,588	5,744,452	2,308,667
A6 Charitable contributions received from donors that are designated for funding indigent care	350,081	333,659	-
Other sources			
A7 Other source 1 (if applicable)	-	-	-
Total Funding for Indigent Care	<u>4,381,194</u>	<u>7,186,999</u>	<u>4,751,039</u>
B Cost of Providing Indigent Care			
Total cost of care for providing services to:			
B1 Uninsured patients qualifying for indigent care	17,901,249	52,620,806	85,245,201
B2 Patients qualifying for coverage under EMSA	7,166,115	8,292,489	4,058,552
B3 Cost of care related to patient portion of bill for insured patients qualifying for indigent care	35,454,764	18,693,542	25,554,558
B4 Direct costs paid to other providers on behalf of patients qualifying for indigent care	<u>2,016,562</u>	<u>751,209</u>	<u>12,368,927</u>
Total Cost of Providing Indigent Care	<u>62,538,689</u>	<u>80,358,046</u>	<u>127,227,238</u>
Excess (Shortfall) of Funding for Indigent Care to Cost of Providing Indigent Care	<u>\$ (58,157,496)</u>	<u>\$ (73,171,047)</u>	<u>\$ (122,476,199)</u>
C Patients Receiving Indigent Care Services			
C1 Total number of patients receiving indigent care	68,214	51,067	50,314
C2 Total number of patient encounters receiving indigent care	139,853	116,531	167,768

**University of New Mexico Health Science Center
Indigent Care Cost and Funding Report
Sandoval Regional Medical Center and UNM Medical Group - Sandoval County**

	For the year ended June 30,		
	2016	2015	2014
A Funding for Indigent Care			
A1 State appropriations specified for indigent care	\$ -	\$ -	\$ -
A2 County indigent funds received	-	-	-
A3 Out of county indigent funds received	90	-	-
A4 Payments and copayments received from uninsured patients qualifying for indigent care	5,849	4,462	21,567
A5 Reimbursement received for services provided to patients qualifying for coverage under EMSA	5,424	7,754	6,324
A6 Charitable contributions received from donors that are designated for funding indigent care	-	-	-
Other sources			
A7 Other source 1 (if applicable) - none	-	-	-
Total Funding for Indigent Care	<u>11,363</u>	<u>12,216</u>	<u>27,891</u>
B Cost of Providing Indigent Care			
Total cost of care for providing services to:			
B1 Uninsured patients qualifying for indigent care	574,406	804,576	4,158,765
B2 Patients qualifying for coverage under EMSA	72,764	57,488	24,894
B3 Cost of care related to patient portion of bill for insured patients qualifying for indigent care	1,492,390	798,484	1,000,764
B4 Direct costs paid to other providers on behalf of patients qualifying for indigent care	-	-	-
Total Cost of Providing Indigent Care	<u>2,139,561</u>	<u>1,660,548</u>	<u>5,184,423</u>
Excess (Shortfall) of Funding for Indigent Care to Cost of Providing Indigent Care	<u>\$ (2,128,198)</u>	<u>\$ (1,648,333)</u>	<u>\$ (5,156,531)</u>
C Patients Receiving Indigent Care Services			
C1 Total number of patients receiving indigent care	2,386	2,348	2,274
C2 Total number of patient encounters receiving indigent care	2,720	3,316	5,011

**University of New Mexico Health Science Center
Calculations of Cost of Providing Indigent Care
UNM Hospitals and UNM Medical Group - Bernalillo County**

NOTE: This worksheet will not be included in the report prepared by the Office of the State Auditor. However, this worksheet should be completed and provided to the independent public accountant that is performing agreed-upon procedures on the related indigent care cost and funding report.

	For the year ended June 30,		
	2016	2015	2014
Uninsured patients qualifying for indigent care			
Charges for these patients	32,100,382	99,958,473	173,731,436
Ratio of cost to charges	<u>55.8%</u>	<u>52.6%</u>	<u>49.1%</u>
Cost for uninsured patients qualifying for indigent care	<u>17,901,249</u>	<u>52,620,806</u>	<u>85,245,201</u>
Patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA)			
Charges for these patients	13,257,231	15,982,876	8,259,086
Ratio of cost to charges	<u>54.1%</u>	<u>51.9%</u>	<u>49.1%</u>
Cost for Patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA)	<u>7,166,115</u>	<u>8,292,489</u>	<u>4,058,552</u>
Cost of care related to patient portion of bill for insured patients qualifying for indigent care			
Indigent care adjustments for these patients	60,496,455	34,534,492	50,626,511
Ratio of cost to charges	<u>58.6%</u>	<u>54.1%</u>	<u>50.5%</u>
Cost of care related to patient portion of bill for insured patients qualifying for indigent care	<u>35,454,764</u>	<u>18,693,542</u>	<u>25,554,558</u>
Direct costs paid to other providers on behalf of patients qualifying for indigent care			
Payments to other providers for care of these patients	<u>2,016,562</u>	<u>751,209</u>	<u>12,368,927</u>
	<u>2,016,562</u>	<u>751,209</u>	<u>12,368,927</u>

**University of New Mexico Health Science Center
Calculations of Cost of Providing Indigent Care
Sandoval Regional Medical Center and UNM Medical Group - Sandoval County**

NOTE: This worksheet will not be included in the report prepared by the Office of the State Auditor. However, this worksheet should be completed and provided to the independent public accountant that is performing agreed-upon procedures on the related indigent care cost and funding report.

	For the year ended June 30,		
	2016	2015	2014
Uninsured patients qualifying for indigent care			
Charges for these patients	1,223,002	1,674,750	8,674,978
Ratio of cost to charges	46.97%	48.04%	47.94%
Cost for uninsured patients qualifying for indigent care	<u>574,406</u>	<u>804,576</u>	<u>4,158,765</u>
Patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA)			
Charges for these patients	158,052	120,620	52,544
Ratio of cost to charges	46.04%	47.66%	47.38%
Cost for Patients qualifying for coverage under Emergency Medical Services for Aliens (EMSA)	<u>72,764</u>	<u>57,488</u>	<u>24,894</u>
Cost of care related to patient portion of bill for insured patients qualifying for indigent care			
Indigent care adjustments for these patients	3,256,184	1,676,464	2,105,189
Ratio of cost to charges	45.83%	47.63%	47.54%
Cost of care related to patient portion of bill for insured patients qualifying for indigent care	<u>1,492,391</u>	<u>798,484</u>	<u>1,000,764</u>
Direct costs paid to other providers on behalf of patients qualifying for indigent care			
Payments to other providers for care of these patients	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>