

TITLE 7 HEALTH

CHAPTER 1 HEALTH GENERAL PROVISIONS

PART 25 CAPITAL ASSETS DATA REPORTING REQUIREMENTS

7.1.25.1 ISSUING AGENCY: New Mexico Health Policy Commission.

[7.1.25.1 NMAC – Rp, 7 NMAC 1.25.1, 12/31/2000]

7.1.25.2 SCOPE: This rule applies to all non-federal health care facilities licensed by a state health facility licensing authority and located in New Mexico.

[7.1.25.2 NMAC – Rp, 7 NMAC 1.25.2, 12/31/2000]

7.1.25.3 STATUTORY AUTHORITY: This rule is promulgated pursuant to Sections 24-14A-3(D) and 24-14A-5 of the Health information System Act, Section 24-14A-1 et seq. NMSA 1978.

[7.1.25.3 NMAC – Rp, 7 NMAC 1.25.3, 12/31/2000]

7.1.25.4 DURATION: Permanent.

[7.1.25.4 NMAC – Rp, 7 NMAC 1.25.4, 12/31/2000]

7.1.25.5 EFFECTIVE DATE: December 31, 2000, unless a later date is cited in the history note at the end of a section.

[7.1.25.5 NMAC – Rp, 7 NMAC 1.25.5, 12/31/2000]

7.1.25.6 OBJECTIVE: The purpose of this rule is to specify the reporting requirements related to capital assets for all nonfederal health care facilities licensed by a state health facility licensing authority and located in New Mexico, pursuant to the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978.

[7.1.25.6 NMAC – Rp, 7 NMAC 1.25.6, 12/31/2000]

7.1.25.7 DEFINITIONS: In addition to the definitions in the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978, the following terms have the following meaning for purposes of this rule:

A. Capital asset disposals and retirements means the disposal or retirement of long-term assets which a facility used in its operation.

B. Depreciation means the systematic and rational allocation of the cost of a long-term asset over its estimated useful life.

C. Director means the director of the commission.

D. Facility license number means the unique number assigned and listed on the facility's license document issued by the state health facility licensing authority.

E. Fiscal year ending means the last day of the 12-month accounting cycle for which a facility plans the use of its funds.

F. Long-term asset means a fixed, tangible asset, such as land, land improvements, buildings and improvements, leasehold improvements, equipment (fixed and moveable), leased property and equipment, and construction in progress.

G. Net income (loss) means the difference between total revenue and total expenses.

H. Owner(s) of facility means the name of the owner(s) listed on the current license of a facility licensed by the state health facility licensing authority.

I. Return on capital assets means a facility's net income divided by average capital assets.

J. Total capital asset ending balance means the total amount of all long-term assets used in the facility's operations.

K. Total new capital asset purchases means the total amount of new long-term assets purchased for use in the facility's operations.

[7.1.25.7 NMAC – Rp, 7 NMAC 1.25.7, 12/31/2000]

7.1.25.8 REQUIRED SUBMISSIONS:

A. All non-federal health care facilities shall submit the data required by 7.1.25.12 NMAC to the commission in accordance with the schedule set forth in 7.1.25.11 NMAC.

B. The commission may require a facility to submit detailed lists of new capital asset purchases and capital asset disposals and retirements if the facility's average capital assets indicates a significant deviation from the facility's average capital assets in prior years, or if the facility's return on capital assets indicates a significant deviation from: (1) the facility's return on capital assets in prior years; (2) the average return on capital assets for licensed non-federal health care facilities in New Mexico; or (3) the average return on capital assets for health care facilities based on national data.

[7.1.25.8 NMAC – N, 12/31/2000]

7.1.25.9 DATA SOURCE REQUIREMENTS:

A. All data required to be reported by this rule shall be obtained from the facility's most recently filed federal Health Care Financing Administration Medicare Cost Report, to the extent the data

is available on that report. If the Medicare Cost Report is the source of the data, the definitions governing the Medicare Cost Report shall supercede any inconsistent definitions in this rule.

B. Data required to be reported by this rule that is not available from the facility's most recently filed federal Health Care Financing Administration Medicare Cost Report shall be obtained from the source specified on the reporting form provided by the commission. If the data is not obtained from the specified source, the facility shall report both the required data and its source.

[7.1.25.9 NMAC – N, 12/31/2000]

7.1.25.10 REPORTING FORMAT:

A. Required data shall be submitted in accordance with the reporting form and instructions provided by the commission. The commission may require facilities to submit the data required to be reported by this rule and other commission rules on one reporting form.

B. The commission may specify software or other requirements to promote uniform reporting and efficient analysis. The commission may require that all data be submitted by electronic media (such as computer tape, cartridge or diskette) or by direct electronic transmission.

[7.1.25.10 NMAC – Rp, 7 NMAC 1.25.9, 12/31/2000]

7.1.25.11 SCHEDULE FOR REPORTING:

A. For fiscal years ending prior to the effective date of this rule: All facilities shall submit the required data according to either the requirements of the initial rule 7 NMAC 1.25, "Capital Assets Data Reporting Requirements", section 8, effective December 31, 1998 or the requirements of this replacement rule, 7.1.25 NMAC, "Capital Assets Data Reporting Requirements", effective December 31, 2000.

B. For fiscal years ending after the effective date of this rule: All facilities shall submit the required data per this replacement rule 7.1.25 NMAC, effective December 31, 2000, for the facility's prior fiscal year to the commission no later than six months after the end of the prior fiscal year.

[7.1.25.11 NMAC – Rp, 7 NMAC 1.25.8.1, 12/31/2000]

7.1.25.12 DATA REPORTING BY ALL NON-FEDERAL LICENSED HEALTH CARE FACILITIES LOCATED IN NEW MEXICO: All non-federal licensed health care facilities in New Mexico shall report to the commission the following data for their prior fiscal year:

- A.** Capital asset disposals and retirements
- B.** Depreciation
- C.** Facility license number

- D.** Facility name
- E.** Fiscal year ending
- F.** Net income (loss)
- G.** Owner(s) of facility
- H.** Total capital asset ending balance
- I.** Total new capital asset purchases

[7.1.25.12 NMAC – Rp, 7 NMAC 1.25.8.2, 12/31/2000]

7.1.25.13 STATUS AND USE OF DATA:

A. All data and information collected pursuant to this rule shall become the property of the commission upon receipt.

B. The commission may use the data submitted according to this rule to assist it in carrying out the provisions of the Health Information Systems Act, Section 24-14A-1 et seq. NMSA 1978, which may include performing analysis and calculations to determine additional information.

[7.1.25.13 NMAC – Rp, 7 NMAC 1.25.10, 12/31/2000]

7.1.25.14 MODIFICATION OR EXEMPTION FROM REPORTING REQUIREMENTS:

A. Upon written application to the director, the director may grant a health care facility subject to this rule a temporary modification in reporting requirements or a temporary exemption for up to one year. A modification or exemption shall be granted only when the facility makes a reasonable showing that compliance would require unreasonable costs, would be unduly burdensome given the facility's particular circumstances, or is not feasible due to no fault of the facility. A facility requesting a modification must also make a reasonable showing that it will effectuate the purposes of this rule through alternative means.

B. A facility granted a temporary modification in reporting requirements shall report data according to the modification. Upon resumption of the regular reporting requirements the facility shall report data according to the requirements of this rule.

C. A facility granted a temporary exemption from reporting is not excused from reporting data for the exempted period. Upon resumption of the regular reporting schedule the facility shall promptly report data for the exempted period.

D. The facility may appeal the director's decision to the commission, which shall make a final determination on the application.

[7.1.25.14 NMAC – Rp, 7 NMAC 1.25.11, 12/31/2000]

7.1.25.15 ACCESS TO DATA: Data collected pursuant to this rule shall be considered an analytical database in accordance with Access to Health Information System Data and Reports, 7.1.20 NMAC (8/30/1997) and access to such data shall be subject to the provisions of 7.1.20 NMAC or made available upon the expressed written authority of the designated administrator of the facility that submitted the data.

[7.1.25.15 NMAC – Rp, 7 NMAC 1.25.12, 12/31/2000]

7.1.25.16 PENALTIES FOR RULE VIOLATION: Failure to comply with any of the reporting requirements in this rule may result in injunctive relief and a civil penalty not to exceed \$1,000 per violation, as provided by the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978.

[7.1.25.16 NMAC – Rp, 7 NMAC 1.25.13, 12/31/2000]

HISTORY of 7.1.25 NMAC:

Pre-NMAC History:

None

History of the Repealed Material:

7 NMAC 1.25 Capital Assets Data Reporting Requirements – Filed with SRC, 12/11/1998