

MINUTES OF THE
SANTA FE COUNTY
INDIGENT HOSPITAL & HEALTH CARE BOARD

January 31, 2012

Chair Liz Stefanics called this meeting of the Indigent Hospital & Health Care Board to order at approximately 9:05 a.m. in the County Administrative Legal Conference room.

Roll was called and indicated the presence of a quorum with the following County Commissioners present:

Members Present:

Liz Stefanics, Chair
Kathy Holian
Virginia Vigil
Robert Anaya
Danny Mayfield

Member(s) Excused:

[none]

Staff Present:

Kathy Miller, County Manager
Penny Ellis-Green, Deputy County Manager
Steve Ross, County Attorney
Rachel Brown, Deputy County Attorney
Steve Shepherd, HHS Director
Greg Smith, Indigent Fund Coordinator
Joseph Gutierrez, Community Services Director
Lisa Garcia, Health Care Assistance Program
Wilma Salinas, Indigent Claims Investigator
Teresa Martinez, Finance Director
Carole Jaramillo, Budget Director
Chris Barela, Constituent Liaison

Others Present:

Alex Valdez, Christus St. Vincent
Kathy Armijo Etre, Christus St. Vincent
Judy Williams, HPPC, Chair
Larry Heyeck, Human Services Department, Assistant General Counsel
Anna Bransford, Human Services Department, Medical Assistance Division
Dave Delgado, SVH SupportCo
Ron Aldridge, Christus St. Vincent Board of Directors

Those present introduced themselves.

III. APPROVAL OF AGENDA

Commissioner Anaya moved to approve the agenda. His motion was seconded by Commissioner Holian and passed by unanimous [4-0] voice vote. [Commissioner Vigil was not present for this action and arrived immediately thereafter.]

IV. APPROVAL OF MINUTES: November 29, 2011

Mr. Smith noted some grammatical changes had been made and communicated to the recorder.

Commissioner Anaya moved to approve the minutes as amended. His motion was seconded by Commissioner Holian and passed by unanimous [5-0] voice vote.

V. MATTERS OF PUBLIC CONCERN – NON-ACTION ITEMS

None were presented.

VI. INFORMATIONAL ITEMS

A. Comparison of FY 2011 to FY 2012 Claims

Mr. Smith stated there was nothing out of the ordinary and stood for questions. He said the December data is not yet in and next month will reflect the half-way point.

Ms. Miller asked if the lower amount was due to understaffing. Mr. Smith said that was one factor, along with the fact that there were no claims in June, which caused a large roll-over beginning FY 11.

B. Sole Community Provider Hospitals FY-2012

Mr. Smith pointed out that the numbers referred to reimbursable amounts as of November.

C. Contracted Expenditures for Fiscal Years 2011 and 2012

According to Mr. Smith, the total allocated amount for FY 12 was \$1.5 million and there is approximately \$135,000 left, putting them on track for complete expenditure for the year. This month's claims will bring the balance down considerably.

Commissioner Anaya suggested inviting the providers to attend meetings. Chair Stefanics said that was a good idea.

Chair Stefanics indicated she had received a call from NAMI, the National Alliance on Mental Illness, asking for information on applying for indigent funds. She referred them to the HPPC for consideration by that group and recommendation to the Commission. Chair Stefanics said in speaking with Judge Marlowe there is concern about keeping the mentally ill out of the detention center. Mr. Smith said decisions about allocations would probably be made the last Tuesday in June.

Judy Williams, HPPC Chair, stated she has been attending meetings with Judge Marlowe along with NAMI members, who are interested in a jail diversion program or crisis stabilization center.

Commissioner Vigil pointed out that similar efforts were made in the past.

Kathy Etre, CSVPMC said these efforts are coming to a head. A community action team on behavioral health has been formed and jail diversion is their number one priority. There is a need to consolidate Judge Marlowe's group with other interested organizations. She added last year three members of the behavioral health team visited an integrated program in Seattle for people with mental illness and addictions. The program incorporates the hospital, jail, state departments and treatment providers. Santa Fe is looking to follow that model.

Commissioner Vigil stated law enforcement, as first responders should be included as well.

Ms. Etre said the Fire Department/EMTs are at the table, along with jail staff. Official Commission sanction would be helpful.

Chair Stefanics requested that Ms. Etre and Ms. Williams draft a resolution, acknowledging past efforts and that they consult with Commissioners Anaya and Vigil.

Ms. Williams informed the Commissioners that the jail and hospital have agreed to share data on high users, but this effort is being thwarted by HIPAA regulations, although there is an exemption for coordination of care.

Having been involved in prior efforts, Commissioner Anaya lauded the engagement of the judiciary and hoped they would not have to "reinvent the wheel." He recommended contacting Dr. Dutcher who, although retired, was very knowledgeable about grant writing.

D. Christus St. Vincent Regional Medical Center – Standing Item

Alex Valdez, CSV CEO, indicated a positive meeting with NAMI was held yesterday. He noted significant service gaps should be illuminated and a timeframe developed. He suggested rapid development of an integrated model for behavioral health diversion. Work has been done internally at the hospital and the chief medical officer made a presentation to NAMI regarding efforts made.

Chair Stefanics asked that as providers attend they meetings where they discuss coordinated care.

E. HPPC Update – Standing Item

Judy Williams reported that the budget is being worked on and at the upcoming meeting there will be a presentation on sole community provider (SCP) issues. HPPC has been working with Christus St. Vincent on a community needs assessment and provider forums are anticipated. Police representatives were at the last meeting and training was discussed. Representatives from Magistrate Court will be coming to future meetings.

SFC CLERK RECORDED #3/30/2012

VII. MATTERS FROM STAFF

Mr. Smith noted the packet contains draft minutes from HPPC meetings.

County Manager Katherine Miller stated she has been contacted by legislators regarding Women's Health Services, who are need of additional funding as they are nearing the end of their allocation. Mr. Smith said that is on the upcoming HPPC agenda, along with requests from other providers. Funding is built into the budget that can be reallocated. The HPPC recommendations will come to this board at the end of February so there should be no gap.

VIII. MATTERS FROM THE BOARD

Chair Stefanics asked if new HPPC members appointed at today's BCC meeting would at the upcoming meeting. Mr. Shepherd stated they will be called and asked to attend.

IX. ACTION ITEMS

- A. **Approval of the Sole Community Provider (SCP) Request for Fiscal Year 2012 for Christus St. Vincent Regional Medical Center, Española Hospital and Los Alamos Medical Center** [*Exhibit 1: Human Services/Medical Division Presentation; Exhibit 2: Hospital Requests; Exhibit 3: County Breakdowns*]

Mr. Smith distributed a power point presentation from the Human Services Medical Division that provides good background in formation on sole community provider. He noted staff from Human Services was available to answer questions. [*Exhibit 1*]

Mr. Smith handed out requests from the three hospitals and gave an overview of the current situation. Los Alamos is requesting \$54,467, Presbyterian in Española is requesting \$1,700,000, and Christus St. Vincent is requesting \$25,348,912. Those amounts are for the total award, not just the County's share. [*Exhibit 2*]

Mr. Valdez noted Christus St. Vincent's request includes a spreadsheet. He gave a history of the hospital's uncompensated care, mentioning the accounting format is always controversial and can be modified. From the hospital's point of view the issue is the cost of uncompensated care – not the billed charges – which in this case is the \$23.3 million. He understood the County has its own definition of indigence. A list of community benefits is also provided and this amounts to \$6.2 million, and this is apart from the sole community provider. The match from the County would be \$7.7 million. This is only for Santa Fe County residents.

Ron Aldridge, Christus St. Vincent board chair stated he appreciated the County's participation and support.

Chair Stefanics recognized the importance of the hospital to the community.

Ms. Miller distributed breakdowns of the request from the County's perspective. [*Exhibit 3*] Future claims were estimated based upon previous years eligible claims plus an escalator. Anything above that is not based upon these factors. She provided three options using alternate parameters for calculations.

Larry Heyeck, Human Services Asst. General Counsel, noted the sole community provider program has grown exponentially due to the inclusion of the base, supplemental amounts, plus market basket index factor. About \$300 million come into the state's hospital.

Mr. Valdez confirmed for Commissioner Holian that the amounts were based upon actual costs rather than charges except in the case of back debt expenses. Commissioner Holian asked how that data was arrived at and whether it would be possible for HPPC to have access to it. Mr. Valdez said he would work with his Finance Department and HPPC to see about sharing data.

Commissioner Holian asked what would happen if the Commission approved amounts greater than those covered by indigent gross receipts taxes. Ms. Miller said two one-eighth increments contribute funding which must cover a number of different programs so that there is a \$4.5 million hole in the budget even with sole community provider. This has to be made up from the general fund.

Commissioner Mayfield asked if the hospital was not requesting money for the community benefits program and Mr. Valdez said that was correct. He provided an explanation of the employed physician financial support item as being relocation expenses and conferences.

Commissioner Mayfield asked for a breakdown on Española Hospital and Mr. Shepherd indicated the \$349,000 was for six months. It was extrapolated out to a full year. Mr. Smith said claims above the amount allocated are still processed because the hospitals use that for a charity write-off. He added processing them is not a staff priority.

Ms. Miller explained the concept of stacking claims for payment in future years. Different providers are handled differently.

Commissioner Vigil asked about the role of the hospital foundation and Mr. Valdez said those contributions are not included in the statistics.

Stating it was understood there was no quid pro quo with community benefits, Commissioner Anaya said he was puzzled those programs were not included. Mr. Valdez thanked Commissioner Anaya for the acknowledgement that these programs are of great benefit to the community. He said the Indigent Hospital Claims Act is driven by issues of uncompensated care.

Commissioner Anaya asked what, given the County's financial constraints, they could do. He mentioned the "paranoia" heard at Association of Counties meetings. He asked about the previous year's figures. Ms. Miller stated the actual payout match was around \$5.7 million, just for Christus St. Vincent, since the FMAP was still high, down to about \$1.9 million, plus \$165,000 for supplemental. Then the FMAP was dropped around ten percent.

Chair Stefanics said a decision has to be made by February 15th, the day after the next BCC meeting. This would give HPPC a chance to make a recommendation.

Commissioner Anaya asked about reimbursement amounts. Mr. Heyeck said because the hospital receives federal funding they are required to accept Medicare and Medicaid payments

SFC CLERK RECORDED 03/29/2012

and are required to take the regional amount of reimbursement. Generally, the Medicare regional amount is less than the Medicaid amount. The State pays beyond that in some cases, i.e., 27 percent higher in OB/GYN services. In other words, they try to bridge the gap in order to make the hospital whole. He added that it is good they are talking about cost rather than billing charges.

Commissioner Anaya pointed out that the State recognizes the gap. He asked Human Services to provide feedback. Mr. Heyeck said cost reports are across the board, not specific to county residents. Commissioner Anaya suggested the remedy may lie in legislation and Mr. Heyeck agreed. He said the federal government is proposing a new definition of uncompensated care. He called for more dialogue and more accountability. New Mexico is unique in how they administer sole community provider funds. "The State is solely a conduit." He mentioned a bill being proposed by Senator Griego whereby the inclusion of four words would alleviate the counties' burden.

Noting Santa Fe County has always been a strong supporter since the inception of the sole community provider program, Commissioner Vigil asked if other counties were providing as much funding. Mr. Heyeck stated other counties have continued at the same percentage level, but recognized Santa Fe County's support, being able to draw down 35 to 40 percent of the federal dollars through 2010, after which it dropped off.

Commissioner Holian made a motion that HPPC consider the three options provided by the County Manger and make a recommendation on what the match should be, keeping in mind that other contributions are made to non-profits in the community that provide health services. Commissioner Vigil seconded.

Commissioner Anaya said he supported the motion, clarifying that the Commission can't merely rubber-stamp the HPPC's recommendation.

Commissioner Holian asked if the deadline could be extended and Mr. Heyeck said at this point it could not.

It was announced the next HPPC meeting would be on February 3rd at 9:00 am.

Mr. Heyeck alluded to Senate Bill 258 which would allow the Secretary of the Human Services Department to establish the deadline. The initial deadline was January 15th and they granted a one-month extension. He said he appreciated the input.

The motion passed by unanimous [5-0] voice vote.

Commissioner Anaya encouraged Christus St. Vincent board members to attend meetings. He asked for an update on the nursing situation.

Mr. Valdez indicated a committee is working on staffing patterns and working on how to operate at a high level of efficiency.

IX. EXECUTIVE SESSION

A closed session was deemed unnecessary.

X. ACTION ITEMS

A. Approval of Indigent Hospital and County Health Care Claims

Commissioner Holian moved to approve 1,525 claims totaling \$1,378,451.33 as recommended by staff, and Commissioner Vigil seconded. The motion passed by unanimous [5-0] voice vote.

VIII. MATTERS FROM THE BOARD

XI. ADJOURNMENT

This meeting adjourned at approximately 10:30 a.m.



Valerie Espinoza
VALERIE ESPINOZA
COUNTY CLERK

Respectfully submitted by:
Debbie Doyle
Debbie Doyle, Wordswork

Approved by:

Liz Stefanics
Liz Stefanics, Chair
Board of County Commissioners



INDIGENT MINUTES
PAGES: 24

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of March, 2012 at 02:06:32 PM And Was Duly Recorded as Instrument # 1664561 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Marcella P. [Signature]
Deputy Valerie Espinoza
County Clerk, Santa Fe, NM

SFC CLERK RECORDED 03/28/2012

SOLE COMMUNITY PROVIDER FUND (SCPF)

Human Services Department,
Medical Assistance Division



Presented at

NMHC Health Care Affiliate
Midwinter Conference
January 18, 2012

By

Anno Bransford, Financial Manager
Medical Assistance Division

Larry Heyeck, Assistant General Counsel
Office of General Counsel

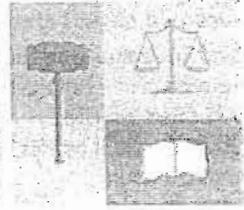


Content

- SCPF
 - A. Enactment and Purpose
 - B. Federal Requirements
 - C. Important Items
 - D. Financial Framework
 - 1. Funding Sources
 - 2. Funding Procedures
- Upper Payment Limit
 - A. Calculation
 - b. Financial Framework
 - 1. Funding Sources
 - 2. Funding Procedures
- Examples and Q & A



Enactment



- Sole Community Provider Fund (SCPF) created by the New Mexico State Legislature in 1993.
- State Statute 27-5-6.1



Enactment

- This fund is administered by the Human Services Department/Medical Assistance Division (HSD/MAD). The SCPF is funded by the federal and county/local governments. The county/local governments provide the state share in order for HSD/MAD to draw down the federal funds. The payments made to the hospitals are the sum of the federal funds and county/local contributions. The federal share is determined by the federal medical assistance percentage (FMAP).



Purpose of Enactment

- To provide care to the indigent population in counties that contribute the state dollars to support the sole community provider hospitals.



SFC CLERK RECORDED 03/28/2012

Purpose of Enactment

- # To recognize certain hospitals that because of isolated location, weather or travel conditions, or absence of other hospitals are the only source of inpatient hospital services reasonably available in a geographic area.
- # Working with other government entities, provide access to hospital services to as many clients as possible.



Use of Funds

- # The monies received for the SCPF MUST be used for direct patient care or services related to direct patient care. Other states have lost the Sole Community Provider Program as a result of money being used for other programs.



Amount Paid to Hospital

- # SCPF payments are governed by federal regulations and state statute.
- # Payment to a hospital is subject to the lesser of the amount received the previous year multiplied by the Market Basket Index (MBI) or the requested/approved amount.



Financial Framework of the SCPF

The SCPF is funded by the federal and county/local governments



Certification of Public Funds Requirement

- # The HSD/MAD now requires that the counties and hospitals send a certification of public funds each quarter. Letters / sample certifications were sent out to counties and hospitals clarifying the new requirement. The new certification form took effect January 1, 2012.



Certification of Public Funds Requirement

- # Federal Regulations require any donations made by private hospitals to be "bonafide."
- # The Centers for Medicare and Medicaid Services (CMS) has approved the new certification language.



Procedures For Hospitals Already Approved For Sole Community Provider Status.



Step # 1

- # Hospitals must request financial support from the counties that the hospitals are located in.



Step #2

- # Hospitals requesting financial support from numerous counties must request funds for the upcoming year from each county.



Step # 3

- # Counties approve a dollar amount for the hospitals and send the approval back to the hospitals.



Forms

- # Request for Sole Community Provider Payment
- # Attachment A
(See attached Samples #1 and #2)



Step # 4

- # Hospitals must submit the approved requests that they received from the counties to HSD/MAD.
- # Counties CANNOT send in the approved requests to HSD/MAD directly.



Step # 5

- ✦ The approved requests must be sent to HSD/MAD by January 15th of each year. The hospitals can request a 30 day extension from MAD by submitting a written request (via e-mail or regular mail). If the extension is granted, the new deadline will then be February 15th.



Step # 6

- ✦ Once all requests have been received by HSD/MAD and the Market Basket Increase (MBI) is available, the total approved amount for the hospitals will be determined. The HSD/MAD will then inform the hospitals of their final approved amount.
- ✦ HSD/MAD will also inform the counties on or before July 1st of the total dollar amount that they will need to contribute to support the sole community provider payments to their hospitals.

Step # 7



- ✦ HSD/MAD will also send a reminder letter to the counties 30 days prior to the end of each quarter and the due date.
- ✦ It is extremely important for the counties to send in their quarterly checks by the due date.
- ✦ Quarterly payments to the hospitals cannot be made until ALL monies from the counties have been received by HSD/MAD.

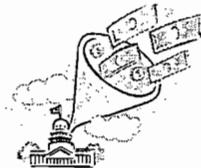
Supplemental/ Upper Payment Limit (UPL)

Supplemental / UPL

- ✦ HSD/MAD hospital regulations updated effective 8/1/99 stated that each year the HSD/MAD will calculate the Medicare payment limit. If the federal limit has not been exceeded, additional payments will be distributed to the hospitals that received approval from the county that will provide the state match, which is 1 minus the FMAP.

Supplemental

- ✦ In September of 1999, based on the calculation of the Medicare Upper Payment Limit (UPL), a supplemental amount of \$4.2 million was available to distribute to the sole community provider hospitals. This amount has continued to grow significantly over the years.



Supplemental / UPL



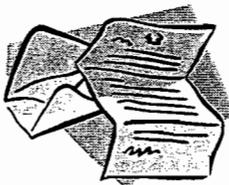
* Supplemental payments are normally made to the hospitals before the end of the federal fiscal year (September 30th).

Steps to Participate in the Supplemental Payment



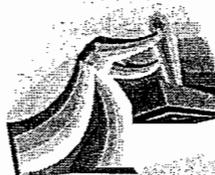
Step # 1

* Once the calculation is complete and supplemental dollar amount is determined, the HSD/MAD will send out notification of funds available to the hospitals and counties.



Step # 2

* The hospitals must go to the counties and request the state match dollar amount.



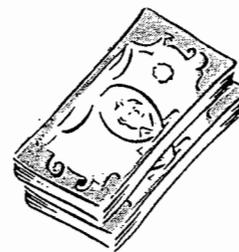
Step # 3

* If a county determines that it is willing to participate in the supplemental payment, the county must notify HSD/MAD immediately. Checks and certification should be sent by the deadline set by the HSD/MAD.



Step #4

* If a county determines that it is not willing to participate in the supplemental payment, the county must inform the HSD/MAD immediately so the amount for that county can be re-distributed to another hospital.



Step # 5

- # All county checks must be received by the deadline established by the HSD/MAD so that the payments to the hospitals can be made by the last pay cycle of each September. The deadline to send in checks is normally September 15th. This is subject to change by the HSD/MAD.



EXAMPLES OF CALCULATIONS FOR THE SOLE COMMUNITY PROVIDER FUND



EXAMPLES

- # The calculation is based on the amount received the previous year multiplied by the Market Basket Index (MBI) or the requested/approved amount.
- # The hospital receives the lesser amount.



Example 1

- # Hospital A received in SFY 2012 \$100,000.
- # Hospital A requests to the County for SFY2013 \$150,000.
- # The County approves \$150,000.
- # Market Basket Index (MBI) is 4%.
- # Hospital A would receive \$104,000 ($= \$100,000 \times 1.04$).
- # Hospital A receives less than the amount requested/approved.



Example 2

- # Hospital B received in SFY 2012 \$100,000.
- # Hospital B requests to County for SFY 2013 \$90,000.
- # The County approves \$80,000.
- # Hospital B would receive \$80,000 (the approved amount).
- # The calculation based on the MBI does not apply.
- # In this case, Hospital B's base amount in 2012 is \$100,000. The new base amount for SFY 2013 would reduce to \$80,000, a reduction in the base amount from one year to the next of \$20,000.



Example 3

- # Hospital C received in SFY 2012 \$100,000
- # Hospital C gets a supplemental of \$200,000.
- # New base amount for SFY 2012 is \$300,000 ($= \$100,000 + \$ 200,000$).
- # Hospital C requests to County for SFY 2013 \$500,000.
- # The County approves \$500,000.
- # MBI is 4%.
- # Hospital C would receive \$312,000 ($= \$300,000 \times 1.04$), which is less than the amount requested and approved.



Example 4

- * Hospital D received in SFY 2012 \$100,000.
- * Hospital D gets a supplemental of \$200,000.
- * New base amount for SFY 2012 is \$300,000 (= \$100,000 + \$200,000).
- * Hospital D requests to County for SFY 2013 \$300,000.
- * The County approves \$300,000
- * The calculation based on the MBI does not apply.
- * The hospital would receive \$300,000 (amount requested and approved).

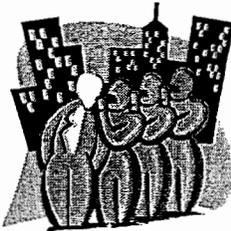


Example 4 Continued

- * In this case, Hospital D's base amount in SFY 2012 is \$300,000. The new base amount for SFY 2013 would also be \$300,000 as the hospital did not request anything higher. The base year amount for the hospital would not change.



Contacts



* Contacts for the SCPF:

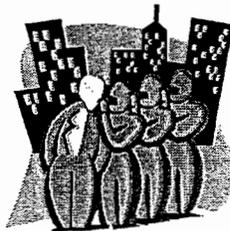
Anna Bransford
505-827-3127

Melissa Lopez
505-476-7030

Larry Heyeck
505-827-7240



Contacts



* IMPORTANT!

Please keep us informed when personnel changes occur, or when phone numbers or addresses change. This is to ensure that you'll receive up to date information.



Questions & Answers





LOS ALAMOS
MEDICAL CENTER

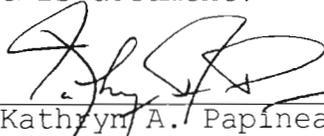
3917 West Rd., Los Alamos, NM 87544

tabbles
EXHIBIT
2

REQUEST FOR SOLE COMMUNITY HOSPITAL PAYMENT ADJUSTMENT

Los Alamos Medical Center, a qualified sole community hospital under Medicaid regulations, hereby requests a Medicaid sole community hospital payment in the amount of \$54,467 for the period of July 1, 2012 through June 30, 2013. The basis for this request is contained in Attachment A of this document.

Dated: 11/17/2011


Kathryn A. Papineau
Los Alamos Medical Center

COUNTY APPROVAL

The Santa Fe County Commission has reviewed and approves the sole community hospital payment request submitted by Los Alamos Medical Center in the amount of \$54,467 for the period July 1, 2012 through June 30, 2013, and as delineated by Attachment A of this document.

This approval in no way commits this county for any inter county amounts due from another county.

Dated: _____

County Commission Santa Fe County

Attest: _____
Santa Fe County Clerk

SFC CLERK RECORDED 03/28/2012

ATTACHMENT A

Sole Community Hospital Payment Request for Los Alamos Medical
Center for the Period July 1, 2012 through June 30, 2013

Santa Fe \$54,467



ESPANOLA HOSPITAL
1010 Spruce Street
Española, NM 87532
Phone: (505) 753-7111
Fax: (505) 367-0257

December 12, 2011

RCVD 15 DEC '11

Steve Sheppard
Santa Fe Healthcare Assistance Board
2052 Galisteo Street
Santa Fe, New Mexico 87504

RE: Sole Community Hospital Payment request for New Mexico State fiscal year
July 1, 2012 through June 30, 2013.

To whom it may concern:

This letter is to comply with State regulations regarding the Española Hospital.
Request is hereby made for Sole Community Hospital payment approval for the fiscal
year July 1, 2012 through June 30, 2013.

The requested amount for this period is \$1,700,000.00. This is based on claims of
approximately \$1,689,704.17 in 2011 and an expected increase in eligibility due to an
expansion of services covered.

Your consideration in this matter would be greatly appreciated.

Sincerely,

Brenda Romero, RN, MSW
Brenda Romero,
Administrator

BR/mo

SBC CLIENT RECORDED 03/28/2012

REQUEST FOR SOLE COMMUNITY HOSPITAL PAYMENT ADJUSTMENT

Española Hospital, a qualified sole community hospital under Medicaid regulations, hereby requests a Medicaid sole community hospital payment in the amount of \$1,700,000.00 for the period of July 1, 2012 through June 30, 2013. The basis for this request is contained in Attachment A of this document.

12/12/11
Date

Brenda Romero RN MSN
Brenda Romero,
Administrator
Española Hospital

COUNTY APPROVAL

The **Santa Fe County Board of Commissioners** has reviewed and approves the sole community hospital payment submitted by **Española Hospital**, in the amount of \$1,700,000.00 and as delineated by Attachment A of this document. This approval in no way commits this county for any inter-county amount due from another county.

Dated

Commissioner
Santa Fe County Board of Commissioners

Attest:
Santa Fe County
County Clerk



CHRISTUS®
ST. VINCENT
Regional Medical Center

December 14th, 2011

Steve Shepherd
Santa Fe County Health and Human Services Department
2052 South Galisteo
PO Box 276
Santa Fe, NM 87504-0276

Dear Mr. Shepherd:

Enclosed, please find the 2012/2013 Sole Community Provider Funding Request for CHRISTUS ST. VINCENT Regional Medical Center respectfully submitted to the Board of County Commissioners for consideration. Please call me at (505) 913-3921 to confirm your receipt of this request and to inform me as to the date in which this request will be reviewed. Thank you.

Sincerely,

Todd Mason
Interim CFO

SFC CLERK RECORDED 03/28/2012



CHRISTUS[®]
ST. VINCENT
 Regional Medical Center

REQUEST FOR SOLE COMMUNITY HOSPITAL PAYMENT ADJUSTMENT

CHRISTUS ST. VINCENT Regional Medical Center, a qualified sole community hospital under Medicaid regulations, hereby requests a Medicaid sole community hospital payment in the amount of \$25,348,912 for the period of July 1, 2012 through June 30, 2013. This is the amount after the federal match; the share due from your county, based on the most currently known fmap, is \$7,740,291. The basis for this request is contained in Attachment A of this document.

Date: 1-17-12

 J. Alex Valdez, President/CEO
 CHRISTUS ST. VINCENT
 Regional Medical Center
 Santa Fe, NM

COUNTY APPROVAL

The Santa Fe County Board of Commissioners has reviewed and approved the sole community hospital payment request submitted by CHRISTUS ST. VINCENT Regional Medical Center in the amount of \$25,348,912 for the period of July 1, 2012 through June 30, 2013, and as delineated by Attachment A of this document. This approval in no way commits this county for any inter county amount due from another county.

Date: _____

 Santa Fe County Board of Commissioners

Attest: _____
 Santa Fe County Clerk

CHRISTUS St Vincent Regional Medical Center
Sole Community Hospital Provider Report
Santa Fe County
For the period July 1, 2010 to June 30, 2011

	<u>COST</u>
Uncompensated / Undercompensated Patient Care	
Indigent and Charity Care - Based on hospital policy	6,308,000
Bad Debt Expense - Based on Generally Accepted Accounting Principles	7,097,500
Medicare reimbursement below cost	6,579,000
Medicaid OP reimbursement below cost	481,200
Medicaid IP reimbursement below cost ==>	4,002,900
OR	whatever is greater
Upper Payment Limit calculation for Medicaid (IP) ==>	
Other Governmental Programs reimbursement below cost	
Indian Health Services	
Tri-Care	34,400
Public Health System	
Workers Compensation	
Other - Santa Fe Project Access	845,600
Other (specify)	
Other Uncompensated / Undercompensated Patient Care (not included below)	
Total Uncompensated / Undercompensated Patient Care Provided	25,348,900
Other Community Benefits/Programs	
Health Fairs and Health Screenings	a 305,600
Free or low-cost Immunization Programs	b 64,200
School Health Programs	c 38,500
Support of Medical and/or Nursing Education	d 189,400
Physician Recruitment	e 497,400
Physician On-call Payments	f 1,119,300
Employed physician financial support	g 300,000
Charitable Contributions	h 1,451,600
Other Community Benefit Programs (Sobering and Assessment Center)	i 1,060,600
Other Community Benefit Programs (Medical Residency program)	j 787,900
Other Community Benefit Programs (SF County Jail-Med Director Fees and Prescription Drug)	k 409,300
Other Community Benefit Programs (specify)	l
Total Other Community Benefits/Programs	6,223,700
 TOTAL COST OF UNCOMPENSATED/ UNDERCOMPENSATED PATIENT CARE & OTHER COMMUNITY BENEFITS/PROGRAMS	31,572,600

Santa Fe County 01/25/12

2013 Sole Community Hospital Funding

PROJECTED ELIGIBILITY 2013

FY-2013 Base Request

Hospital Name	30.532% SF County Match	69.468% NM HSD Contribution	Total Base Funding
Espanola Hospital	145,983.51	332,149.31	478,132.82
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	16,344.68	37,188.26	53,532.94
St. Vincent's Hospital	2,175,957.12	4,950,851.21	7,126,808.33
Totals	2,338,285.31	5,320,188.78	7,658,474.09

FY-2013 Supplemental Request

Hospital Name	SF County Match	NM HSD Contribution	Total Additional Funding
Espanola Hospital	0.00	0.00	0.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	0.00	0.00	0.00
St. Vincent's Hospital	0.00	0.00	0.00
Totals	0.00	0.00	0.00

FY-2013 Total Requested Base & Supplemental

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	145,983.51	332,149.31	478,132.82
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	16,344.68	37,188.26	53,532.94
St. Vincent's Hospital	2,175,957.12	4,950,851.21	7,126,808.33
Totals	2,338,285.31	5,320,188.78	7,658,474.09

SFC CLERK RECORDED 03/28/2012

Santa Fe County 01/25/12

2013 Sole Community Hospital Funding

HOSPITAL REQUESTS 2013

FY-2013 Base Request

Hospital Name	30.532% SF County Match	69.468% NM HSD Contribution	Total Base Funding
Espanola Hospital	519,044.00	1,180,956.00	1,700,000.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	16,630.00	37,837.00	54,467.00
St. Vincent's Hospital	7,739,529.81	17,609,382.19	25,348,912.00
Totals	8,275,203.81	18,828,175.19	27,103,379.00

FY-2013 Supplemental Request

Hospital Name	SF County Match	NM HSD Contribution	Total Additional Funding
Espanola Hospital	0.00	0.00	0.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	0.00	0.00	0.00
St. Vincent's Hospital	0.00	0.00	0.00
Totals	0.00	0.00	0.00

FY-2013 Total Requested Base & Supplemental

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	519,044.00	1,180,956.00	1,700,000.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	16,630.00	37,837.00	54,467.00
St. Vincent's Hospital	7,739,529.81	17,609,382.19	25,348,912.00
Totals	8,275,203.81	18,828,175.19	27,103,379.00

SFC CLERK RECORDED 03/28/2012

Santa Fe County	01/25/12
2012 Sole Community Hospital Funding	

FINAL 2012

FY-2012 Approved Base

Hospital Name	30.532% SF County Match	69.468% NM HSD Contribution	Total Base Funding
Espanola Hospital	141,471.00	321,836.00	463,307.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	15,839.00	36,034.00	51,873.00
St. Vincent's Hospital	1,941,973.00	4,417,853.00	6,359,826.00
Totals	2,099,283.00	4,775,723.00	6,875,006.00

FY-2012 Approved Supplemental

Hospital Name	SF County Match	NM HSD Contribution	Total Additional Funding
Espanola Hospital	0.00	0.00	0.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	0.00	0.00	0.00
St. Vincent's Hospital	165,000.00	380,996.03	545,996.03
Totals	165,000.00	380,996.03	545,996.03

FY-2012 Total Approved Base & Supplemental

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	141,471.00	321,836.00	463,307.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	15,839.00	36,034.00	51,873.00
St. Vincent's Hospital	2,106,973.00	4,798,849.03	6,905,822.03
Totals	2,264,283.00	5,156,719.03	7,421,002.03

SFC CLERK RECORDED 03/28/2012

Approved IF Claims				
FY-2011				
Month	Year	Christus/SVH	Espanola	Los Alamos
July	2010	1,232,510.65	62,521.24	1,148.43
August	2010	523,688.37	5,310.46	16,186.50
September	2010	418,791.09	0.00	10,266.90
October	2010	675,987.77	167,519.03	10,552.30
November	2010	683,852.03	21,895.24	1,423.99
December	2010	0.00	0.00	0.00
January	2011	0.00	103,055.69	29,377.15
February	2011	375,317.29	16,452.53	6,045.45
March	2011	216,531.49	85,262.96	0.00
April	2011	431,771.91	12,212.20	3,663.85
May	2011	0.00	82,331.19	3,257.34
June	2011	193,767.52	34,368.99	7,975.19
Totals	FY-2011	4,752,218.12	590,929.53	89,897.10

Approved IF Claims				
FY-2012				
Month	Year	Christus/SVH	Espanola	Los Alamos
July	2011	386,274.54	91,310.28	3,631.24
August	2011	435,169.42	10,866.07	703.47
September	2011	359,058.41	34,567.01	13,174.32
October	2011	422,326.10	85,832.50	450.95
November	2011	670,658.37	44,548.10	16,111.26
December	2011	0.00	0.00	0.00
January	2012	1,057,104.66	82,005.82	13,196.60
February	2012	0.00	0.00	0.00
March	2012	0.00	0.00	0.00
April	2012	0.00	0.00	0.00
May	2012	0.00	0.00	0.00
June	2012	0.00	0.00	0.00
Totals	FY-2012	3,330,591.50	349,129.78	47,267.84
Average Monthly Amount	FY-2012	555,098.58	58,188.30	7,877.97
Projection	FY-2012	6,106,084.42	640,071.26	86,657.71