

INDEX OF
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION
October 7, 2011

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MINUTES OF THE
SANTA FE COUNTY

HEALTH POLICY & PLANNING COMMISSION

October 7, 2011

A meeting of the Santa Fe County Health Policy and Planning Commission was called to order at 9:05 a.m. by Chair Judith Williams on the above-cited date at the Santa Fe County Health & Human Services Department, 2052 Galisteo Street, Suite B, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum for conducting official business as follows:

MEMBERS PRESENT:

Judith Williams, Chair
James Bond
George Gamble
Kathleen Rowe
Anna Vigil

MEMBER(s) ABSENT:

David Harwell, excused
Antoinette Montañño, excused

STAFF PRESENT:

Lisa Garcia, Child and Maternal Health
Marie Garcia, Health and Human Services Department
Joseph Gutierrez, Community Services Department Director
Steve Shepherd, Health and Human Services Department Director

OTHERS PRESENT:

Kathy Armijo-Etre, CHRISTUS/St. Vincent Regional Medical Center
Mark Boschelli, Santa Fe Guidance Center
Arturo Delgado, CHRISTUS/St. Vincent Regional Medical Center
Tita Gervers, SF Public Schools, Director, Student Wellness Office
Ron Hale
Robin Hunn, SF Project Access
Mary Justice, CARE Connection
Shelley Mann-Lev, SF Public Schools, Coordinator, Student Wellness Office
Todd Mason, Interim CFO CHRISTUS/St. Vincent Regional Medical Center
Lillian Montoya-Rael, CHRISTUS/St. Vincent Regional Medical Center Board Member
David Moore

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
HEALTH POLICY & PLAN M
PAGES: 15
I Hereby Certify That This Instrument Was Filed for
Record On The 8TH Day Of November, 2011 at 09:21:58 AM
And Was Duly Recorded as Instrument # 1650556
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy *Marcella [Signature]*

SFC CLERK RECORDED 11/08/2011

Deborah Tang, Executive Director, St. Elizabeth's Shelter
Alex Valdez, President and CEO CHRISTUS/St. Vincent Regional Medical Center
Jo Ann G. Valdez, Stenographer

APPROVAL OF AGENDA

Item B, under Informational Items: *Santa Fe Public School Wellness* presentation was moved up on the agenda.

Commissioner Bond moved to approve the Agenda as amended. Commissioner Gamble seconded the motion, which passed unanimously by voice vote.

APPROVAL OF MINUTES

Draft Minutes for September 2, 2011

Chair Williams noted that she had a couple of minor editorial revisions to the Minutes. She requested that Kathy Armijo-Etre be removed from the Informational Items, as she was not present at the September 2, 2011 meeting. She asked if there were any corrections or additions to the Minutes.

Commissioner Bond moved to approve the Minutes of the September 2, 2011 meeting as amended. Commissioner Gamble seconded the motion, which passed unanimously by voice vote.

MATTERS FROM PUBLIC CONCERN

There were none.

MATTERS FROM THE COMMISSION

A. Behavioral Health Working Group (Commissioners Rowe and Williams)

Chair Williams reported that she has attended a couple of meetings of the Behavioral Health Working Group and representatives from the jail also attend the meetings. They are working together to address some of the issues with the high-utilizing groups. She said there seems to be a problem with HIPPA and they will work on how to resolve the problem.

Chair Williams noted that the hospital is required, as a non-profit hospital, to do a community needs assessment as part of the Healthcare Reform Act. She asked Kathy Armijo-Etre to say something about this.

Ms. Armijo-Etre said as they proceed, they will be dealing with the HIPPA issue to ensure that they get authorization. Also, of great significance, is not only working with these individuals that they know are high "utilizers" of the system, but also looking at how the community can work together to reduce both jail recidivism and emergency room utilization.

Ms. Armijo-Etre said in terms of the community needs assessment, the hospital is required to do a needs assessment as part of the federal tax code. She noted that Erika Campos, a

Health Policy and Planning Commission
Meeting: October 7, 2011

previous HPPC Board Member, is working on this, and not duplicating the efforts that the HPPC will be working on.

Chair Williams said the HPPC needs to talk about what they want to see in a community needs assessment.

Chair Williams noted that members of the HPPC conducted a tour of the jail yesterday and it was very interesting and informative. She said staff of the County Corrections Department was extremely generous with their time and very helpful.

INFORMATIONAL ITEMS

B. Santa Fe Public School's Office of Student Wellness (Tita Gervers/Shelley Mann-Lev)

[Material about the SF Public School's Office of Student Wellness was distributed and reviewed. A copy is hereby incorporated to these Minutes as Exhibit "A".]

Ms. Gervers noted that they made an informational video this year for the administrators as a way to introduce the administrators as to what their focus is. (The group viewed the video.)

Ms. Gervers said that Santa Fe County is one of their important partners and funders for the Santa Fe Public School Wellness Office. She thanked Santa Fe County for their support.

Ms. Gervers presented the information in Exhibit "A". Please see Exhibit "A" for the specifics of this presentation.

Ms. Gervers noted that the Office of Student Wellness is entirely grant-funded and they do not receive any operational money from the school district. She said one of the biggest tasks for staff is submitting applications for grants; going after institutions in the community to make people aware of the support that they need; and partnering with community organizations to provide the services.

The Office of Student Wellness is broken down to five areas: Homeless Services (Adelante Program); substance abuse and violence prevention; school counseling/mental health; nursing/medical services and Teen Parent Center.

Ms. Gervers said the Adelante Program served over 1400 children and youth last year; this is up from 900 from the prior year; the number of students served is increasing every year. Ms. Gervers said they are seeing a serious impact of the economic downturn. She said the services include school supplies, uniform clothing, and other essential items; tutoring; transportation to student's schools of origin to increase stability; advocacy and collaboration with schools and community agencies to provide wraparound support; case management; food pantry and coordination with faith organizations and civic groups. The Adelante Program is funded by Title I (40%) and grant funds (60%).

Ms. Gervers said in terms of violence and substance abuse prevention, there are Project SUCCESS Specialists at all secondary schools. They use an evidence-based prevention curriculum for pre-k to high school and there are Student Wellness Action Teams at nine middle/high schools in the community.

Ms. Gervers explained that they also have reconnecting youth classes at Capital High and Santa Fe High School. These are for youth who are considered high risk to drop out of school; to violence and substance abuse. They use restorative practices to respond to discipline issues – in terms of having kids answer to other kids if they have done something on campus that is inappropriate, or if they have broken the rules.

Ms. Gervers said they are developing a Safe Zones Program and are training staff to self-identify safe zones for kids who feel bullied, so that they know how to get support from an adult. They collaborate with the Santa Fe Regional Juvenile Justice Board and lead two coalitions: the Santa Fe Underage Drinking Prevention Alliance and the Santa Fe Tobacco-Free Coalition. All these programs are funded by federal and state grants.

Ms. Gervers reported that they have an on-site prevention/intervention protocol for mental health services. They have “same day” suicide assessments- they provided services to 61 students last year. They have on-site health services for middle and elementary schools in collaboration with four agencies serving 209 students last year. They also offer behavioral health services at the Teen Health Centers for high school students.

She explained that school health services prevent absenteeism. They also have immunization programs, and students and staff receive immunizations. They have increased school nursing positions with funding from Medicaid.

Ms. Gervers said some of the other prevention programs include a web site at www.letstalksantafe.org; middle school truancy court program in collaboration with Teen Court; after-school programs, to include YouthWorks and Santa Fe Mountain Center. They have family/youth resource liaisons at Agua Fria and Cesar Chavez Elementary Schools. They conduct annual health and wellness surveys and all this is funded through state and federal grants.

Ms. Gervers noted that some of the community collaborations include: the Santa Fe Police Department; Santa Fe County Juvenile Probation Office, Community Mental Health Agencies, youth-serving organizations, workforce development and CHRISTUS/St. Vincent Regional Medical Center.

Ms. Gervers mentioned that the SF Public Schools Wellness Office is involved in policy initiatives, to include policies on alcohol; the Social Host Ordinance; vehicle forfeiture for DWI, smoke-free public housing policies and sustainability issues.

Ms. Gervers concluded her report noting that one of the challenges they have with the economic downturn, is sustainability of their programs; and they are working hard to ensure that

their programs will be able to be sustained. She said this year is a year of evaluation to determine which programs are the most essential.

The Commission commented and asked question as follows:

- Commissioner Bond thinks they do a wonderful job. He asked about the staffing level.

Ms. Shelley Mann-Lev said at the school-level there are about 12 employees; and at the site level, they have approximately 75 employees across the district. She noted that the district pays operational funds for school counselors and nurses.

- Commissioner Bond asked if they have seen a budget change- are they seeing the budget go down, or do they feel they are successful in terms of obtaining grants.

Ms. Gervers said when she first started 12 years ago, the budget was \$287,000; and in 2008, their budget was \$4.5 million. However, since 2008, resources for funding have dropped substantially, particularly at the federal level. She said all of the federal funding they receive is Lead Educational Agency funding.

A. Santa Fe Project Access

[Information on Santa Fe Project Access was distributed in the Commissioners' packets. A copy is hereby incorporated to these Minutes as Exhibit "B".]

Ms. Hunn reviewed the information noting that Santa Fe Project Access (SFPA) was created in 2002. SFPA is a program that helps uninsured individuals in Santa Fe County through a network of services in partnership with CHRISTUS/St. Vincent Regional Medical Center. SFPA serves individuals who do not have health coverage or do not qualify for Medicaid or Medicare. The patients have to be residents of Santa Fe County; must meet income criteria and must be referred by a physician or other medical provider. SFPA signs up the patient and sends them a SFPA card for use over six months.

Ms. Hunn noted that there are over 200 physicians and providers who volunteer to care for uninsured patients, of which about 70 are community physicians and providers, and the remaining physicians are employed by CHRISTUS.

Ms. Hunn said they are a unique program in the country, in that they are able to pay their physicians an incentive pay based on the total volume of their claims. If providers see five or more patients every six months they receive a "PLUS" payment.

Ms. Hunn said there are an estimated 30,000 uninsured individuals in Santa Fe County and SFPA is the only safety net for specialty care for many of these patients. However, it is only temporary safety net assistance, not on-going health care coverage. Their goals include increasing access to primary and specialty care services; reducing inappropriate emergency room use, documenting volunteer care given to the uninsured; linking the uninsured with available state programs for coverage and improving the health of Santa Fe County residents.

Ms. Hunn said that SFPA has a limited scope and does not have resources to provide many services. Specialist services, diagnostic services and hospital services (inpatient and outpatient) are covered with SFPA; however, they do not cover ER, prescription drugs or dental. There is no cost or co-pays for the patient but they do have a \$10 enrollment fee.

Ms. Hunn said since the program inception, they have provided over \$23 million in care to over 5,500 patients.

Ms. Hunn noted that there are looking at a model that is being used around the country, which is called "3-Share Programs. This is a program where the employer pays 1/3 of the premium, the employee pays 1/3 of the premium and the hospital underwrites the remaining third. She said they are presently surveying the small-business community to see whether or not they would utilize a program like this if there was one available in Santa Fe.

Ms. Hunn thanked CHRISTUS/St. Vincent Regional Medical Center for their continued funding and support. She encouraged the HPPC to approve the hospital's request for Supplemental Sole Community Provider funding.

The Commission commented and asked questions as follows:

- Chair Williams said gynecological services seem to be the only service that has a restriction. She asked if this is restrictive to urgent care.

Ms. Hunn said they do not pay for routine pap-smears and things like that. There are other programs that can assist uninsured people with these kinds of things.

- Commissioner Rowe referred to the statement that Ms. Hunn made with regards to the fact that since the program inception, they have provided over \$23 million in care. She asked if Ms. Hunn could provide information on the actual amount that has been paid – is the \$23 million of care calculated at a doctor's regular rate or a different rate.

Ms. Hunn said they look at the Medicare rates and then prorate it based on available funding. She said they pay out approximately \$75,000-\$80,000 to providers every six months. She clarified that payments are made only to providers who are not employed by CHRISTUS.

- Commissioner Gamble asked if there was any issue with the six-month limitation. For example, are there many patients who come back multiple times?

Ms. Hunn said yes, they see a lot of repeat patients and they grant extensions for services related to chronic serious illnesses.

ACTION ITEMS

A. Supplemental Sole Community Provider Discussion and Recommendation (Staff)

[Material on the Supplemental Sole Community Provider Funding was distributed in the Commissioners' packets. A copy is hereby incorporated to these Minutes as Exhibit "C".]

Mr. Shepherd reviewed the information in Exhibit "C", to include the attachments. He noted that Santa Fe County currently funds Sole Community Provider Hospitals. They are CHRISTUS/St. Vincent Regional Medical Center, Espanola Hospital, and Los Alamos Medical Center.

Each year in August-September, counties are given the opportunity to provide matching funds, and hospitals an opportunity to access Supplemental Sole Community Provider (SCP) funding. Santa Fe County received notification that Supplemental funding was available this year on September 19, 2011. This funding is in addition to the base funding that is committed to counties in December-February of each year.

This year hospitals are eligible for amounts listed on the first attachment. CHRISTUS/SVH has requested that Santa Fe County provide matching funds, so that it can receive an allocation from the state.

The Santa Fe County Board of County Commissioners requested that the HPPC make a recommendation as to whether the county should participate in Sole Community Provider Supplemental match, or utilize available funds for other purposes.

Mr. Shepherd explained that there is a balance of undesignated funds within the Healthcare Assistance Program (Indigent Fund) budget. Otherwise, Indigent Fund and EMS/Other Healthcare Gross Receipts funds are fully budgeted. Any other funding, over and above the above-mentioned GRT funding, would have to come from County General Funds.

Potential uses for the funds can include:

- Provide additional funding for Indigent Cremation/Burial Expenses
- Supplemental Sole Community Provider Match
- Utilization for Preventing as Much Stacking of Non-SCP Hospital Claims as Possible
- Additional funding for Other HAP Healthcare Service Providers
- Saving it for a Future Eligible use

All of the above uses of funds have benefits to the county residents. Staff believes that Santa Fe County must provide additional funding for Indigent Cremation/Burial in an amount around \$23,000.

Commissioner Rowe attended the last Healthcare Assistance Board meeting. She noted that the County Manager reported that there was no extra funding in the County General

Fund-it is pretty much encumbered. She asked Mr. Shepherd if this would have to come out of the County's reserves and if he knew how much is in reserves.

Mr. Shepherd said he did not know; however, there is a State requirement with regards to the amount that the County is required to keep in reserves.

Mr. Gutierrez said the County is required to keep 12% of the budget in reserves.

Commissioner Gamble asked Mr. Shepherd if he could elaborate a little on the "stacking issue" and why there is a stacking issue.

Mr. Shepherd said essentially, the Indigent Fund Act states that non-SCP hospitals are given preferential treatment; and those claims get first priority to get paid with first available money in the Indigent Fund that is not committed to something else.

CHRISTUS/ST. VINCENT REGIONAL MEDICAL CENTER
Request for Supplemental Sole Community Provider Funding

Mr. Valdez provided a brief history of his background noting that he has been with CSV since September of 2002. He was appointed as President and CEO in 2004. Prior to this, he was Cabinet Secretary for the New Mexico Department of Health, as well as the Cabinet Secretary for the Human Services Department, which runs the State Medicaid Program. Mr. Valdez has over 12 years of experience in both of the agencies combined.

Mr. Valdez distributed and presented information for CHRISTUS/St. Vincent Regional Medical Center's (CSV) Request for Supplemental Sole Community Provider Funding. Please see Exhibit "D" for the specifics of this presentation.

Mr. Valdez said CSV presently employs over 100 physicians and mid-level providers throughout the community. He said that CSV is a not-for-profit health care facility. Since April 2008, CSV has operated under a 50/50 partnership between CHRISUTS Health and SVH Support Co. Both organizations are not-for-profit.

Mr. Valdez noted that CSV serves more than 300,000 people in seven counties in northern New Mexico.

Mr. Valdez said the New Mexico Sole Community Provider (SCP) Program was implemented in 1994 and now provides major safety-net funding to New Mexico's rural and semi-rural hospitals. The program is designed to reimburse hospitals that have a disproportionate population of uninsured or underinsured patients. Supplemental Sole Community Provider funding is designed to assist hospitals to cover the cost of uncompensated and undercompensated care. This fiscal year, CSV is projecting a total cost of \$27.6 million in uncompensated and undercompensated care for Santa Fe County residents.

Mr. Valdez said CSV has been a qualifying SCP hospital since inception.

Mr. Valdez explained that CSV is eligible for Supplemental Sole Community Funding due their status as a Sole Community provider hospital and because of the large population of uninsured and underinsured patients seen within the hospital. He said that CSV is eligible for approximately \$18.8 million and in order to access the \$18.8 million in Supplemental Sole Community Funding, Santa Fe County has to come up with a match of approximately \$5.7 million.

Mr. Valdez referred to the handout on the *Cost of Uncompensated and Undercompensated Care for Santa Fe that CSV has provided to Santa Fe County Residents from FY'03 to FY'11*. *Uncompensated Care is net cost of Charity, Indigent, and Self Pay
**Undercompensated Care is net cost of traditional Medicare and Medicaid

Mr. Valdez also referred to the line chart that shows what has occurred to the program since FY'03. He said in 2009 and 2010, there was a pretty big jump between total base funding and total uncompensated and undercompensated care, particularly in FY'10. He said the driver behind this is twofold: In FY'10, CSV cut expenses and reduced their expense structure; the second thing that occurred in the FY09-FY10 timeframe is that CSV "re-engineered" them so that they would capture people at the front-end to enroll them into Medicaid. Mr. Valdez said this worked well for the hospital.

Mr. Valdez said, throughout the years, CSV has been able to support a number of health-related organizations in the community, as well as contributing to Santa Fe County for the delivery of Santa Fe County obligations, such as, the 911 Center, EMS, jail health and other related type programs.

Mr. Valdez said another driver behind the separation in FY'10 (between total base funding and total uncompensated and undercompensated care) is that CSV no longer had a Memorandum of Agreement with Santa Fe County. This was a significant change in how CSV and Santa Fe County conducted its business and its relationship. However, through FY'10, CSV continued to provide significant community benefit support.

Mr. Valdez mentioned that CSV has seen an 11% increase in uninsured encounters in this current fiscal year. He said there was a 27% increase from FY'10 to FY'11 in Charity/Indigent Gross Charges.

Mr. Valdez referred to the next chart noting that this is a reflection of what has happened to CSV from a revenue perspective over the course of FY'10, FY'11 and FY'12. Over the course of the last three years, CSV has seen a decrease in reimbursement of approximately \$48 million. He said the most significant decrease is the loss of Sole Community Provider funding from FY'11 to FY'12 of approximately \$20.7 million. There have also been reductions over the last three years in Medicaid, Medicare and commercial payers, meaning Lovelace.

The next page showed the amount of submissions of claims that CSV has made to Santa Fe County and the amount that has been approved. Mr. Valdez noted that Santa Fe County

has not completed the approval process for FY'11 claims. He said there was a significant increase in submissions between FY'09 and FY'10; and you see the growth occurring into FY'11.

Mr. Valdez said there has been a profound shift in methodology around Sole Community Provider Funding in the last two years. He said there has always been a relationship where the County and CSV attempted to leverage as much federal dollars as they could; but as stated previously, in FY'10 they no longer had a Memorandum of Agreement. He said the County's approval process and/or policy reduced the amount of match that had been provided historically to leverage as much Sole Community Provider funding as possible.

Mr. Shepherd said some of it is County policy, but they are also required to follow the State's policy, rules and regulations.

Mr. Valdez said going into this fiscal year, they left approximately \$20.7 million unleveraged and now they have an opportunity for \$18 million.

Commissioner Gamble asked if there has been a change since FY'08 to FY'11, in terms of policy or definitions on the part of CSV.

Mr. Valdez said no.

Mr. Valdez noted that SF Project Access' total funding comes from CSV.

Mr. Valdez said CSV is asking the HPPC to recommend to the Santa Fe County Commission to use their best efforts to fund Supplemental Sole Community (Provider).

The following individuals/community providers spoke in support of CSV request/application:

Ardis Burch said she is the Chairman of a Committee that is run by the National Alliance on Mental Illness. She explained that they are a completely-volunteer group who work with people who have mental illness. They have been working with CSV for about a year and a half on improving services for people with mental illness, especially those who come through the Emergency Room and the inpatient unit. She said the hospital has been very supportive in making their staff available to them and being sensitive to the needs of the community. She thinks the hospital has made major attempts in the last year and a half to work with the community organizations to reach out and provide the necessary services for people with mental illness. She said they are in support of CSV application because of their support for people with mental illness.

Deborah Tang, Executive Director, St. Elizabeth's Shelter, said this year they actually received an increase in funds for their Respite Program. This program is for people who don't need hospital services any longer but are too sick to live on the street; and really need to have some care for both physical illness and behavioral health issues. People can stay at the Respite Unit as long as they have doctors' orders stating that they need the services.

Ms. Tang said their goal is to help these people move into housing as soon as possible and become stabilized. They work with CSV and the Sobering Center on getting people stabilized so that they can be in a position where they can maintain housing.

Mark Boschelli, Clinical Director of SF Community Guidance Center, Presbyterian Medical Services (PMS) and a Team Leader of the PACT Program of PMS said he is in support of the petition of CSV due to what they are doing for these individuals. He said there are 50 individuals who have really been estranged from the community; have frequent hospitalizations and frequent residents stays at the Santa Fe Detention Center. He said by working together with CSV, they have decreased their hospital admissions by 83% and decreased the ER contacts by 53%. He said this is collaboration which is systematic to what they have seen from CSV at this time.

Chair Williams said she would like to paraphrase from a letter from **Sheila Ortego, President of the Santa Fe Community College**. Ms. Ortego wrote the letter to document the many ways in which CSV has support their students and our community. *“Over the past five years, CSV has donated over \$1.1 million to the GROW Santa Fe Community College Foundation for student scholarships, program support and development, equipment, and more. There has also been in-kind support of more than 20,000 hours of clinical time, each year, to support and enhance student learning – a contribution without which we would have great difficulty meeting our accreditation requirements. “On a personal note, I have found the hospital and its leadership to be very proactive about partnering with SFCC to better support our students.”*

Chair Williams said that the hospital has done more than they used to in terms of reaching out to the community; community services; and keeping people out of the hospital and Emergency Room, which in turn should save them money. She said she did not think that anyone of us dispute the fact that the hospital is doing a great job, the problem is the small amount of money available, the competing needs, including the other primary care organizations who also provide primary care services to keep people from being acutely ill. She said the HPPC needs to make a recommendation to the Board of County Commission. She asked if there were any other questions from the Commission.

Commissioner Rowe said something that she keeps hearing from the County Commissioners is getting data from CSV – the claims’ data for uncompensated care. She said she still has not seen any data.

In response, Mr. Valdez said that CSV has been submitting claims to Santa Fe County for years; therefore Santa Fe County has that data and documentation on the figures he showed the HPPC in terms of the claims submitted and the claims that were approved.

Chair Williams said there were also questions with regards to where CSV funding sources come from; and what they do with it-kind of the overall budgetary picture.

Mr. Valdez said he is happy to continue to come back and provide HPPC with this. He noted that CSV took out a full-page information ad in the newspaper in March that defined the dollar; the use of the dollar; how CSV receives it; how it goes into the General Fund and uncompensated and undercompensated care. He said therefore, CSV attempted to be transparent in terms of all of that.

Commissioner Rowe said in addition, they would like to have some definition when they say that \$3 million of care was provided in uncompensated care and undercompensated care. She asked if this is the difference between the Medicaid and Medicare rate, or is the doctors' set rate. She said they do not know what this number means because this number does not have a definition to it.

In response, Mr. Valdez referred to the chart that was included in his presentation about the Charity/Indigent Gross Charges. He said it would be helpful to get the series of questions and then they come back with the series of answers.

Chair Williams said one of the things she would be interested in is the data on the kinds of diagnoses and procedures with the uninsured population versus the rest of the hospital's population. She would also be interested in knowing what CSV's billing database looks like.

Mr. Valdez said one of the questions that is of concern to the community is whether or not any of the dollars CSV gets from the Sole Community Provider Funding and Indigent funding leaves the state and goes to Texas. He said no, it doesn't, it stays here in Santa Fe and in our community. He said they have a Management Agreement with CHRISTUS Health and they pay CHRISTUS Health 2.5% of net revenue under this Management Agreement.

Todd Mason, Interim CFO for CSV, said as a Finance Officer, he stands here today to state that the hospital has no cash flow; they are running in the red. He said this is critical in his perspective.

Commissioner Bond asked Mr. Valdez what CSV's basis was for projections in terms of uncompensated and undercompensated care for FY'12.

Mr. Mason said the projection is based on what CSV saw last year. As, Mr. Valdez reported there was a 27% increase from FY'10 or FY'11.

Mr. Valdez said unfortunately, this is the only place that CSV gets this match.

Commissioner Rowe noted that there is only \$380,000 to allocate. She asked what the timeframe was for the HPPC to make a decision.

Mr. Shepherd said he believes that the County Commissioners will look at this at the next Healthcare Assistance Board meeting on October 25th.

Commissioner Bond said he is not enthusiastic about making a quick decision on something this important. He said he would be amenable to having a special meeting, if necessary, so that the HPPC members can take this information home and think about it.

Commissioner Gamble said in terms of the HPPC needing additional information as Commissioners Rowe and Williams talked about, the HPPC can suggest to CSV to provide the information that the HPPC would need so that the HPPC can look at this data, as well as staff's information.

Chair Williams said she is not sure the additional information will help, as there is a need for money everywhere. She said it would be reasonable for the HPPC members to review this data and come back.

Mr. Valdez noted that this is an immediate issue in terms of needing to resolve this by the end of the month.

Commissioner Rowe said she is also concerned that they haven't given an opportunity to other providers to make a presentation.

Mr. Shepherd reminded the Commissioners that the County has to have enough time to publish the notice of the meeting.

The Commissioners agreed to make a recommendation today and the following motion was made:

Commissioner Bond moved that the HPPC recommends that the Sole Community Provider funding be allocated as follows:

\$ 25,000 for the Indigent Cremation/Burial Expenses

\$125,000 for utilization for the stacking of Non-SCP Hospital Claims

\$75,000 for Additional Funding for other HAP Healthcare Service Providers

\$165,000 for Supplemental Sole Community Provider Match

Total: \$390,000

Commissioner Gamble seconded the motion.

The motion passed unanimously by voice vote.

B. Review and Recommendation of Candidates for HPPC Members for District IV and V (Staff)

The following individuals are interested in filling the vacancies for District IV and V:

District IV

Dutcher, JoAnne

Hale, Ron

Panagakos, Marcia

Stess, Marc

District V
Blanchard, Bertha
Davidson, Shirlee

After a review of the candidates' resumes and letters of interest, the following motions were made:

Chair Williams moved to recommend Ron Hale to fill the HPPC District IV vacancy. Commissioner Rowe seconded the motion. The motion passed unanimously by voice vote.

Mr. Bond moved to recommend Shirlee Davidson to fill the HPPC District V vacancy. Chair Williams seconded the motion. The motion passed unanimously by voice vote.

**C. Future agenda items for November and December 2011
(Chair Williams)**

November: Larry Martinez-Behavioral Health Collaborative
December: Kathy Armijo-Etre-Community Needs Assessment

Commissioners Rowe would like to hear from other community providers and what the emergent health issues are.

Commissioners Gamble said the HPPC could have an informal forum to hear from the different community providers.

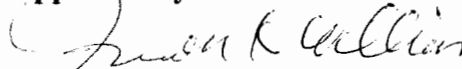
ANNOUNCEMENTS

The next HPPC Regular Meeting is scheduled for November 4, 2011 at 9:00 a.m. at the Health and Human Services Conference Room.

ADJOURNMENT

Having completed the agenda and the meeting adjourned at 11:35 a.m.

Approved by:



Judith Williams, Chairperson

Respectively submitted by:
Jo Ann G. Valdez, Stenographer