

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

February 25, 2014

This meeting of the Santa Fe County Indigent Hospital & Health Care Board was called to order on the above-cited date in the Santa Fe County Legal Conference Room, at the County Courthouse at approximately 9:00 a.m. by County Commission Chair Danny Mayfield.

Roll call indicated the presence of a quorum with the following Board members present:

Members Present:

Danny Mayfield, Chair
Robert Anaya, Vice Chair
Miguel Chavez
Kathy Holian
Liz Stefanics

Member(s) Excused:

None

Staff Present:

Katherine Miller, County Manager
Rachel Brown, Deputy County Attorney
Rachel O'Connor, Community Services Director
Patricia Boies, Community Services
Rudy Garcia, Manager's Office
Steve Shepherd, Public Safety
Carole Jaramillo, Budget Administrator
Lisa Garcia, Health Care Assistance Program
Camille Varela, Health Care Assistance Program
Teresa Martinez, Finance Director
Chris Barela, Constitute Liaison

Others Present:

Kathy Armijo-Etre, CSV
Bruce Tassin, CSV CEO
Frances Ong, Housing Authority Board member

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

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

V. Approval of Minutes: January 28, 2014

Commissioner Holian moved approval and Commissioner Holian seconded. The motion passed by unanimous [4-0] voice. [Commissioner Anaya was not present for this action.]

VI. Matters of Public Concern – Non-action

None were offered.

VII. Matters from Staff

Staff discussion was deferred to later in the meeting.

VIII. Information Items

- A. Comparison of FY-2013 to FY-2014 Claims**
- B. Sole Community Provider Hospital Claims FY-2014**
- C. Contracted Expenditures for Fiscal Years 2014**

Ms. Boies said the spreadsheets show the allocations as of the date of this meeting. She reviewed the percentages of allocations remaining for the Sole Community Providers. The claims are for services rendered December 31, 2013 or prior. Percentages remaining in the allocations for the community-based providers were also reviewed.

Ms. Boies said the County is requiring that providers certify that the claimants are not eligible for Medicaid under the expansion. That verification will cause a delay in claim submissions.

Commissioner Stefanics noted that Los Alamos Hospital has exceeded its SCP allocation and she expressed concern. With the closure of the SCP program, Ms. Miller said there may be additional funding available.

Commissioner Mayfield asked why a Santa Fe County resident who is indigent/uninsured would choose to go to Los Alamos Hospital rather than CSV. Lisa Garcia said many Santa Fe County residents live in the Pojoaque/Nambe area and Los Alamos is more convenient.

D. Overview on 2014 Legislative Session: HSD Indigent Tax Proposal/Legislation

Ms. O'Connor reviewed the 2014 legislation, noting the new name of the indigent fund is "The County Healthcare Assistance Fund." The bill continues to recognize that each county is the responsible agency for burial/cremation, ambulance transportation, hospital care, and the provision of healthcare to indigent patients as determined by a resolution of the Board of County

Commissioners. The key portion is the counties still have responsibility with regards to indigent healthcare and those parameters will be described through resolution. A county is also responsible for providing support for the state's Medicaid program. All references to the indigent hospital and county health care board are deleted; instead it gives a county powers related to indigent care. This Board will continue to meet and review claims until June 30, 2014, at which point the new program will commence. The County has allocated money to indigent services through to June 30, 2014.

Ms. O'Connor said the claims-based and claims review language was deleted from the bill. The bill gives the county an option to operate in a different way rather than responding to a claim. The monies are allocated to indigent care but new opportunities are available. She reviewed the parameters within the bill that included burial/cremation of indigents, ambulance transportation, hospital care and healthcare, and new language allowing for payment of monthly premiums and co-payments. She reviewed the Safety Net Care Pool, which she identified as the program replacing sole community provider. The money the County had provided to the state for sole community hospitals as part of the indigent program will now go to the Safety Net Care Pool. The counties are mandated to provide 1/12 percent of GRT. The County will be contributing around \$2.68 million.

She noted that the bill permits the counties to enact an ordinance imposing an excise tax of 1/12 or 1/16 percent of GRT without referendum.

Referring to a chart based on actuals [*Exhibit 1*] Ms. O'Connor said the County will provide the pool with \$2.68 million and approximately \$1.8 million will be available to the County to fund indigent programs.

Ms. Miller said Exhibit 1 refers to FY2013 actuals. The GRT depicts the actual collection of 1/8 of a percent of GRT in Santa Fe County. She anticipated by 2015 the County would be contributing more to the state. The bill directs the counties to look at actuals and make payment equivalent of 1/12 by quarter.

Ms. O'Connor said the County has options and the question is how the County wants to move forward in its provision of healthcare services. She suggested there were areas that claims could be accepted and other areas that could be addressed through contracts.

Ms. Miller said the County will have money although it will not be matched. The Safety Net Care Pool money is matched with federal funds and the state proposes to have one pool up to \$68 million for uncompensated care claims for hospitals with 200 beds or less and another an increase to the inpatient Medicaid rate for all hospitals regardless of bed count.

The bill contains a three-year sunset clause.

Ms. Boies said the County pays approximately \$20,000 annually for burials/cremations.

Commissioner Mayfield asked whether the ambulance providers the County is reimbursing are under a statewide tariff or some other basis. He asked staff to determine whether the statewide tariff would be more cost effective for the County.

Commissioner Stefanics said it was the Counties Healthcare Affiliate that worked hard for the inclusion of premium and co-pay assistance.

Ms. Miller said the change from 1/8 to 1/12 is not making that much of a difference to what HSD actually needs. She said until the rate is set it is hard to know. The need for the state to raise the Medicaid reimbursement rate was there regardless of the SCP pool. She reminded the Board that HSD made mistakes in the calculation of the uncompensated care pool by including the supplemental raising the pool to an unsustainable number.

Ms. Miller said if the Commission imposed the excise tax, 1/16 would equate to roughly \$1.8 million and 1/12 would be \$2.7 million. That money would not have to go into the indigent fund. If the Governor signs the bill, starting July 1, 2014 the County will be required to pay the equivalent of 1/12 over the year in quarterly payments.

Commissioner Stefanics asked that staff develop a timeline plotting out any decisions the Commission would have to make in the event they choose to go forward with an excise tax.

Ms. Miller pointed out that with the increase in Medicaid enrollment there should, in theory, be a substantial decrease in indigents as defined by the County.

Commissioner Chavez said many of the community members who had been eligible for Indigent assistance are unaware of the fact that they are now Medicaid eligible. He asked that staff continue to reach out to the community.

Appreciating Commissioner Chavez's observation, Ms. O'Connor said this reform is occurring simultaneous with the Affordable Care Act and people are confused. She said one of the biggest challenges is enrollment. Ms. Boies said letters were sent to over 2,000 beneficiaries of the indigent program advising them of enrollment.

Commissioner Anaya said for the record that the user/consumer of health care will not have a higher charge associated with their services, while the reimbursement rate will increase. Mr. Tassin concurred that every inpatient in the state is on the same charge master.

Commissioner Anaya said essentially "we've gone from a local relationship with the hospital to a state relationship with the hospital." He advocated careful evaluation prior to any changes regarding taxes.

Ms. Miller noted that to put a GRT in place there would have to be 90 days prior to either July 1 or January 1 for it to become effective. The bill gives counties the latitude to impose the tax anytime between now and the sunset.

Commissioner Anaya recommended developing a resolution that succinctly sets out the process leading up to the bill, the bill itself and the expected outcome of the bill. This will serve the public and future County Commissioners.

Commissioner Stefanics recommended that staff consider additional outreach through the radio and paid advertising. Ms. O'Connor said staff is broadening the outreach scope. She indicated that she has been on KSWV.

With the all the changes coming through health care assistance, Commissioner Holian asked that the HPPC review how the County can best leverage its \$1.85 million for the community. There was agreement with the suggestion.

E. HPPC Update

Ms. Boies said HPPC is working on the priorities that came through the community health profile. Those priorities include enrollment in Medicaid and health insurance, drug and alcohol abuse, prenatal care, mental health, and healthy food. In terms of the contractual approach, there are two active contracts: one to facilitate enrollment in insurance and Medicaid with a focus on the rural area, and the other regarding treatment for pregnant women addicted to opioids.

Ms. Boies said at the last Indigent Hospital & Health Care Board meeting the Board directed the HPPC to review the two resolutions being deliberated upon by the City Council regarding health care delivery in Santa Fe. The HPPC recommended deferring any health care study groups until after July 1st and that the County be involved in the study group at its inception.

Commissioner Stefanics said at the last City Council meeting the Mayor read Ms. Miller's letter requesting the Council to defer action on the resolutions; however, it was her understanding that both resolutions are on the Council's agenda. Ms. Miller said she would make an effort to attend the meeting.

Commissioner Mayfield commended Senator Nancy Rodriguez for her tremendous effort on behalf of the counties. Ms. Miller agreed and said the Association of Counties would like, in cooperation with the County, to formally recognize the Senator. She added that Commissioner Stefanics as well as staff was present during the session strongly advocating for the County. Commissioner Stefanics mentioned that Judy Williams and other members of HPPC were present.

F. Christus St. Vincent Regional Medical Center

Mr. Tassin said CSV is about taking care of the community and is prepared to move forward: "It's our community hospital – it truly is." He too commended the County staff and the Commission. CSV will step up its outreach for enrollment and has a goal of enrolling as many people as possible in Medicaid.

Mr. Tassin distributed projections regarding Medicaid [*Exhibit 2*] using a Kaiser study that uses a 4 percent conversion rate. The Medicaid projection for FY2014 suggests a negative \$11,366,145 difference between cost and reimbursement. Noting this was a projection he offered to present the Board with the actuals annually.

Mr. Tassin said CSV wants to work with the City and hopes once the City sees the tremendous work that has occurred it will step in to build upon what has already begun.

Ms. Armijo-Etre announced an enrollment event on March 1st at the hospital. CSV has

six individuals providing enrollment assistance. Phone numbers to reach those individuals are available on the County website.

Ms. Armijo-Etre said they continue to work with the jail and law enforcement on different protocols regarding individuals coming into the hospital. A meeting with the courts, the office of the district attorney and public defenders to discuss the protocol will occur at a later date.

Responding to Commissioner Mayfield's question, Ms. Armijo-Etre said the hospital accepts individuals with electronic monitoring devices.

IX. Action Items

A. Approval of Indigent Hospital and County Health Claims

Commissioner Stefanics moved to approve 435 claims in the amount of \$592,068.89 as recommended by staff. Her motion was seconded by Commissioner Holian and passed by unanimous [5-0] voice vote.

X. Matters from the Board

Ms. Boies provided an update on the mobile health van nursing situation. A weekend nurse has been hired and at this time the County is using contract nursing services. A newly created rack card promoting the services of the health van was distributed. The health van does provide information regarding Medicaid enrollment.

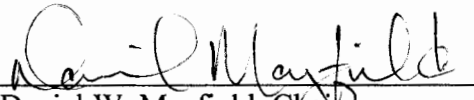
Commissioner Mayfield suggested a video monitor in the van that would run a PSA on pertinent information.

XI. Executive Session - There was no need for executive session.

XII. Adjournment

Having completed the agenda and with no further business to come before the Board, this meeting adjourned at approximately 10:45 a.m.

Approved by:


Daniel W. Mayfield, Chair
Indigent Hospital & Health Care Board

Respectfully submitted,

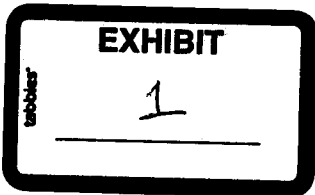

Karen Farrell, Wordswork

ATTEST TO:


GERALDINE SALAZAR
COUNTY CLERK

3-26-2014



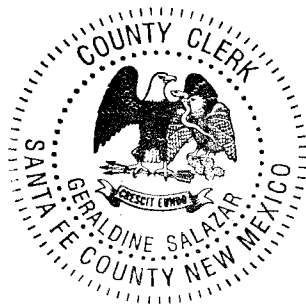


Indigent GRT (2nd 1/8th)
 FY 2013 Actual Collections

	HH	GRT	Total
July	41,288	322,475	363,764
August	40,947	368,186	409,133
September	40,236	347,335	387,571
October	40,059	360,469	400,529
November	37,308	341,370	378,678
December	39,314	342,316	381,630
January	38,902	321,477	360,379
February	45,215	377,962	423,177
March	60,604	301,255	361,859
April	35,143	279,164	314,307
May	45,359	344,524	389,883
June	38,527	321,543	360,070
TOTAL ACTUAL FY13 COLLECTIONS	502,904	4,028,076	4,530,980

Assuming same Gross Receipts Collected
 GRT at 1/12th 2,685,384 < - to State

 Available for SFC 502,904 1,342,692 1,845,596



COUNTY OF SANTA FE)
 STATE OF NEW MEXICO) ss
 INDIGENT MINUTES
 PAGES: 8
 I Hereby Certify That This Instrument Was Filed for
 Record On The 27TH Day Of March, 2014 at 09:58:02 AM
 And Was Duly Recorded as Instrument # 1733061
 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
 Deputy Geraldine Salazar
 County Clerk, Santa Fe, NM

CHRISTUS St. Vincent Medicaid Projections

FY 2013 ACTUAL MEDICAID LOSS

Inpatient Discharges	Actual Medicaid Reimbursement	Actual Medicaid Cost	Loss (Difference between Cost & Reimbursement)
2,277	9,149,305	18,067,512	(8,918,207)

Total base loss on all Medicaid utilization is \$15.3 million annually. In addition, total cost of care for the uninsured is \$15.6 million.

FY 2014 MEDICAID PROJECTIONS

	Total Santa Fe County	Inpatient Projected w/ 138% Medicaid Eligibility*	Projected Medicaid Reimbursement	Projected Medicaid Cost	Difference between Cost & Reimbursement
Currently Uninsured & Newly Eligible	8,520	341	1,370,188	2,705,760	(1,335,572)
Currently Qualified but not Enrolled	2,840	114	458,052	904,565	(446,513)
Newly Eligible (switching from another plan)*	4,260	170	683,060	1,348,913	(665,853)
Total			11,660,605	23,026,750	(11,366,145)

Source: Based on Kaiser & 4% utilization

