MINUTES OF THE

SANTA FE COUNTY

INDIGENT HOSPITAL & HEALTH CARE BOARD

February 26, 2013

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 Administration Building at approximately 9:05 a.m. by County Commission Chair Kathy Holian.

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

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

Member(s) Excused:
None

Staff Present:
Katherine Miller, County Manager
Rachel Brown, Deputy County Attorney
Erik Aaboe, Manager's Office
Greg Smith, Health Assistance Program Director
Steve Shepherd, Public Safety Finance Manager
Lisa Garcia, Health Care Assistance Program
Patricia Boies, HHS Coordinator
Teresa Martinez, Finance Director
Rachel O'Connor, Health & Human Service Division Director
Chris Barela, Constituent Liaison

Others Present:
Larry Heyeck, NM HSD
Ann Bedford, NM HSD
Judy Williams, HPPC Chair
Shirlee Davidson, HPPC
Kathy Armijo Etre, CSV
Alex Valdez, CSV CEO
Pablo Sedillo, CSV Community Liaison
Frances Ong, Housing Authority

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Commissioner Mayfield moved to approve the agenda as published and Commissioner Stefanics seconded. The motion passed by unanimous [3-0] voice vote. [Commissioners Anaya and Chavez were not present for this item.]

V. Approval of Minutes: January 29, 2013

Commissioner Mayfield moved to approve the minutes. Commissioner Stefanics seconded and the motion passed by unanimous [3-0] voice vote. [Commissioners Chavez and Anaya were not present for this action.]

VI. Matters of Public Concern – Non-action

None were presented.

VII. Informational Items

A. Comparison of FY-2012 to FY-2013 Claims

Mr. Smith pointed out that last year saw evidence of a large increase in the average dollar amount of claims submitted and that trend appears to be carrying forward into 2013.

B. Sole Community Provider Hospital Claims FY-2013

Mr. Smith noted that there was nothing out of the ordinary to report. SCPs are drawing down on their state allocations.

C. Contracted Expenditures for Fiscal Years 2012 & 2013

Mr. Smith said claims may begin to stack up from some providers and budget adjustments may be necessary.

D. Update from Human Services Department

Chair Holian thanked Ms. O'Connor for the early distribution of HSD's information.

Ms. O'Connor introduced HSD representatives Larry Heyeck and Ann Bedford as instrumental in working with the counties and hospitals regarding Centennial Care.

Mr. Heyeck said the Department of Justice had a lawsuit against six community health system hospitals in the state. The issue involves the sole community provider payments made from the state and the federal governments to those hospitals. The DOJ continues to look at those issues and continues to pursue that litigation. How the state has been paying SCP funds

has been under DOJ scrutiny for the Centers for Medicare and Medicaid Services (CMS). Recently the state issued its SPA amendment that asking the federal government make payments for SCP. That too came under scrutiny. The latest issue is the state's calculation of the upper payment limit and how it has been built into the base over a period of time is incorrect.

Mr. Heyeck said the resolution of these issues with the DOJ will determine what the state can do in the future. The Centennial Care has been proffered as part of its 1115 waiver to the federal government as its safety net care pool. Mr. Heyeck said the state's goal is to be transparent in this process and it recognizes that it is not the state's money, rather it is the federal share.

The state has held meetings with the Hospital Association, hospitals, Association of Counties, counties, and others to discussion changes that may be occurring and the issues being faced.

Payments were stopped in December 2012 to UNMH, Christus St. Vincent and the other 27 hospitals in the state that receive SCP. County monies are being held in an account. The state is until able to release funds until CMS approves the state's plan. The DOJ contends that the calculation for the upper payment limit was wrong and has been wrong for a number of years. The state has made payments in excess of hundreds of million of dollars based on this alleged wrong calculation. The state will try to resolve these issues as best they can. Another issues had to do some of the SCP hospitals net operating revenues.

Mr. Heyeck said the state has been paying out $275 million into the SCP program. The true dollar amount is $64 million and the overpayment has been occurring for years.

Mr. Heyeck said HSD has submitted a recommendation to CMS that is more in line to what the federal government is doing – protocol delivery system reforms. New Mexico has made significant healthcare reform changes and he mentioned that the Governor has agreed to Medicaid expansion. Centennial Care contractors are ready and the state anticipates an additional 140,000 people will be eligible for Medicaid services.

Mr. Heyeck outlined the proposal that was submitted to CMS and he offered that he had little confidence it would be approved as submitted. At this point, uncompensated care and the delivery system reform are not in sync with the federal government. He discussed the proposal which demonstrates the state will have uncompensated care in New Mexico. CMS has not accepted the state's definition for uncompensated care and has instructed the state to go back to the DSHP audit protocol (Disproportionate Share Hospital Payments). He said there will, however, be a state standard definition for uncompensated care. CMS has raised concerns regarding the state's ability to monitor and operate the proposed delivery system reforms.

Mr. Heyeck mentioned an incentive idea that the state is proposing which would pay primary care physicians additional money for services provided after standard work hours but still costing the state far less than an ER visit. He noted that New Mexico has approximately 20,000 primary care physicians.

Some of the changes CMS wants to see include additional funding on the uncompensated care component for hospitals with 26 or fewer beds; mid to large size hospitals would receive more dollars into the delivery system reform projects. This is a five-year plan and is not expected to be implemented overnight.

Responding to Commissioner Stefanics' comment that the County has little say over what a hospital does, Mr. Heyeck said this is a cooperative effort. To share in these funds the hospitals have to work with the County and the County has to approve the plan that is being submitted to CMS.

Mr. Heyeck said there is no change in the current program and it has to be business as usual. HSD cannot recommend any changes until CMS has approved the plans and further issues are resolved. He said the state's issue with CMS is serious and is at the attention of the Federal Secretary of Health and Human Services Secretary.

E. Christus/St. Vincent Regional Medical Center

Kathy Armijo Etre, CSV, discussed the Community Health Needs Assessment [*Exhibit 1*] purpose and process. The community profile is near completion and the suggested priorities will be presented to CSV's Board. The report will be submitted with the hospital's 990 at the end of the fiscal year. She mentioned that CSV has collaborated on this effort with the County and the assessment is a quantitative study providing demographic data.

Ms. Etre said CSV has conducted 24 focus groups since October 2012 with over 300 individuals participating. A plan to meet the community needs will be developed following an in-depth community survey.

Pablo Sedillo advised the Board that after working for Senator Bingaman for many years he is now associated with Christus St. Vincent in the capacity of community liaison.

F. HPPC Update

Judith Williams, HPPC Chair, said the council has been working with CSV on the Needs Assessment. HPPC will next review the County's infrastructure and a providers' forum is anticipated.

IX. Matters from Staff

Ms. O'Connor reported on a number of clinics that are proposed. A nurse practitioner has not yet been retained for the Mobile Health Van. Staff continues to explore options and create partnerships in this regard.

Commissioner Anaya asked staff to work on how to inform the public of the mobile heath van, its services and where it will be located.

X. Matters from the Board

None were presented.

XI. Action Items

A. Approval of Indigent Hospital and County Health Claims

Commissioner Stefanics moved to approve 707 claims in the amount of $686,455.38 as presented by staff. Commissioner Mayfield seconded and the motion passed by unanimous [5-0] voice vote.

VIII. Executive Session

There was no need for executive session.

XII. Adjournment

Having completed the items on the agenda, Chair Holian declared the meeting adjourned at 10:15 a.m.

Approved by:

Kathy Holian, Commission Chair
Indigent Hospital & Healthcare Board

ATTEST TO:
Geraldine Salazar
GERALDINE SALAZAR
COUNTY CLERK
3/27/13

Respectfully submitted,
Karen Farrell, Wordswork

INDIGENT MINUTES
COUNTY OF SANTA FE) PAGES: 21
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day Of April, 2013 at 01:27:40 PM And Was Duly Recorded as Instrument # 1701241 Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy _____ County Clerk, Santa Fe, NM

CHRISTUS ST. VINCENT
Regional Medical Center
Department of Community Health

Community Health Needs Assessment: Purpose & Process

February 26, 2013

Maintaining Non-Profit Status

History

- IRS Revenue Rulings (56-185, 69-545 "Community Benefit Standard")
- Market and regulatory developments
  - For-profit chains grow
  - Researchers find few differences between taxable and exempt hospitals
  - Catholic sponsors raise mission concerns → CHA Guide(s)
- Some states enact community benefit requirements
- Some stakeholders: lawyers, journalists become active critics
- Congress raises concerns about tax-exempt sector
- New federal requirements: Schedule H and 501(r)

The Affordable Care Act (March 2010)

- Added a new "501(r)" to the Internal Revenue Code:
  - Charity care (financial assistance) policy requirements
  - Billing and collections requirements
  - Written policy prohibiting discrimination in emergency care
  - Community Health Needs Assessment
  - Implementation Strategy (to address needs)
- Form 990, Schedule H Reporting Requirements

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April 26, 2012

Community Health Needs Assessment
IRS Definition

- A Community health needs is an assessment of the health needs of the community.
- A systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.
- Implementation strategy: the health care organization's plan for addressing prioritized health needs and problems identified in the community health needs assessment.

Source: CHA VHA Community Health Needs Assessment Workbook

IRS Notice 2011-52:

CHNA Requirements for "Hospital Organizations"

1. Each "hospital facility" must conduct a Community Health Needs Assessment (CHNA) every three years

2. The CHNA report must describe:
   - Methods and data, how community input was obtained
   - Existing facilities/resources available to meet needs
   - "Prioritized description of all of the community health needs identified through the CHNA"

3. Reports must be "widely publicized"

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April 26, 2012

IRS Notice 2011-52:

Implementation Strategy Requirements for "Hospital Organizations"

1. Governing body must approve the Implementation Strategies in the same tax year that Community Health Needs Assessment report(s) are publicized:
   - Governing body of the organization (EIN), or
   - An approved committee of the governing body (with the authority to act), or
   - Other parties authorized by the governing body and allowed to act by State law (and following procedures)

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April 26, 2012

IRS Notice 2011-52:
Implementation Strategy Requirements for "Hospital Organizations"

2. Implementation Strategy Contents:
   - The identity of all collaborating organizations
   - Needs the facility will address (over the next three years)
   - Needs the facility will not address
     - *Why* the facility will not address each of these needs
3. Implementation Strategy Contents:
   - *How* the facility plans to meet each need it will address
     - Programs and "other resources" that will be committed
     - Anticipated impacts on health needs
     - Any planned collaborations in addressing these needs

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April 26, 2012

IRS Notice 2011-52:

Implementation Strategy Requirements for "Hospital Organizations"

4. File Implementation Strategy document(s) with IRS Form 990 for year in which it is adopted (and other subsequent years until superseded)

5. Answer relevant questions on IRS Form 990, Schedule H for each hospital facility

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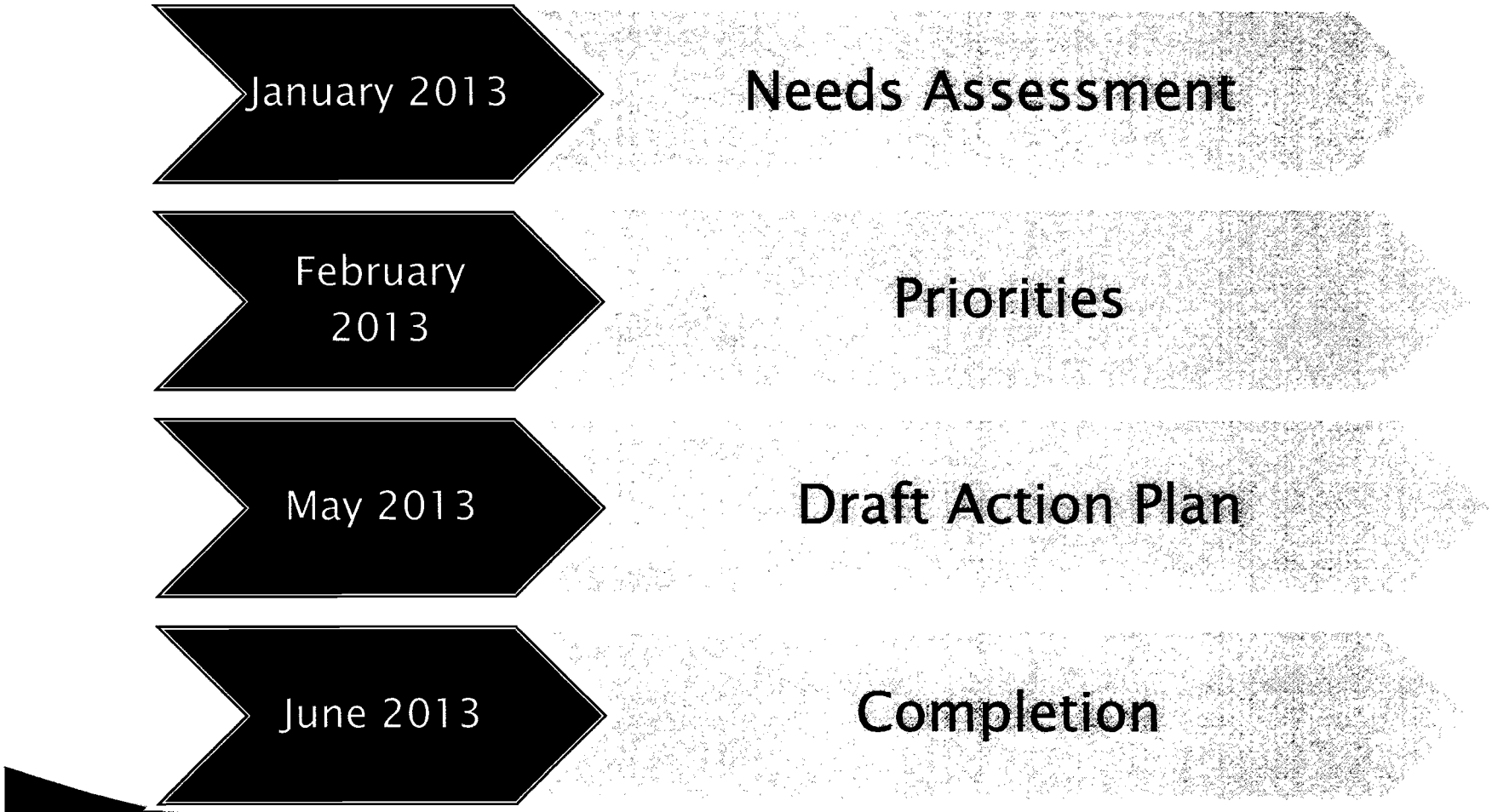
CHRISTUS St. Vincent Department of Community Health

Community Health Needs Assessment Process



Community Health Needs Assessment Schedule

Data Collection	9/2012 – 1/2013
Community Resource Inventory	2/ 2013
Present Needs Assessment to CH&W Committee	*2/2013*
Priority Health Needs Proposed	**2/ 2013**
CH&W Committee Designate Priorities	*2/2013*
Draft Implementation Strategy Addressing Needs	**4/ 2013**
CH&W Committee Approve Implementation Strategy	*6/ 2013*

Needs Assessment Approach

- **Collaboration with Santa Fe County**
  - *Joint Contract with Kelly O'Donnell to prepare written report*
- **Quantitative Study**
  - *Department of Health: Indicator Based Information System (State source on health data)*
  - *Demographics, health indicators, health disparities, prevalence, mortality, etc.*
  - *CSV Department of Community Health worked with DOH to develop graphs specific to Santa Fe County*
- **Qualitative: The Voice of the Community**
  - *Focus groups*

The Voice of the Community

- Needs Assessment
  - Focus Groups: 24 Conducted with Consumers, Providers, Government, Public Schools, Public Safety, other stakeholders. *(Each focus group:10-30 participants, over 300 individuals)*
  - October 2012 - January 2013
- Community Priorities
  - Community Forums: Three to be held with Faith Congregations - San Isidro Catholic Church, United Methodist, Temple Beth Shalom
  - Community Forums announced community-wide and open to the public
  - February 2013
- Action Plan
  - Email Survey: Chamber of Commerce, Green Chamber of Commerce, City, County, etc.
  - April 2013

Focus Groups Conducted

1. Project Launch
2. Maternal Child Health Council
3. Santa Fe Public Schools-Core Management Team
4. Santa Fe Underage Drinking Prevention Alliance
5. Homeless Youth Task Force
6. Behavioral Health Local Collaborative
7. Jail/CSV Work Group
8. Santa Fe Opiate Safe
9. National Alliance for the Mentally Ill
10. Sobering Center
11. Santa Fe Recovery
12. La Familia (3)
13. Health Care for the Homeless
14. Diabetes Community Action Team
15. Domestic Violence Community Action Team
16. Esperanza
17. CSV Diabetes Center
18. CSV Associates (2)
19. CSV Case Managers
20. Santa Fe Community Guidance Center Spirit Club
21. Friendship Club
22. Youth Works
23. SFPS SWAT
24. Temple Beth Shalom

Participants have included representation from:

Santa Fe Public Schools, City Law Enforcement, County Sheriff, City of Santa Fe Human Services, Santa Fe County DWI Program, Teen Court, NM Juvenile Probation/Parole, MADD, City of Santa Fe, Teen Court, County Detention Center Warden, Physicians, Nurse Practitioners, Nurses, Counselors, Psychiatrists, NM Department of Health/Public Health Division, NM Coalition Against Domestic Violence, County Public Safety, Fire Department, Service Providers: Domestic Violence, Mental Health, Early Childhood, Developmental Disabilities, La Familia, Youth, Homeless, Consumers: Chronically Mentally Ill, Addicted, Youth.