

JOINT MEETING OF THE
SANTA FE COUNTY BOARD OF
COUNTY COMMISSIONERS
AND ST. VINCENT BOARD OF DIRECTORS

February 8, 2006

Santa Fe, New Mexico

This joint meeting of the Santa Fe County Commission and St. Vincent Hospital Board of Directors was called to order by Commissioner Harry Montoya, Chair at approximately 2:10 pm on the above-cited date at the County Health & Human Services Facility, 2052 S. Galisteo Street, Santa Fe, New Mexico.

A quorum was established with the following members present:

Commissioners Present:

Harry Montoya, Chairman
Virginia Vigil
Jack Sullivan
Mike Anaya

Commissioner Excused:

Paul Campos

SVH Board Present:

Dave Gundersen, Chairman
Barbara Damron
Dave Delgado
Cliff Vernick
Gene Valdes
Mario Pacheco
Rosemary Romero
Al Robinson
Frank DiLuzio

County Staff Present:

Roman Abeyta, Deputy Manager
Steve Shepherd, HHS Director
Mary Justice, CARE Director

SVH Staff Present:

Alex Valdez, CEO
Rick Doxtater, CFO
Erica Campos, Sr. Director of
Marketing & Communications
Pamela Hovedon, Contractor

Also Present:

Larry Martinez, HPPC Chair
Glenn Wieringa, HPPC, DWIPC
Terri Rodriguez, HPPC
Beverly Russell, HPPC
Pat Sanchez, HPPC, WHS
Gerry Jorgenson, HPPC

SFC CLERK RECORDED 03/17/2006

Approval of the Agenda

Mr. Valdez noted the agenda was put together by Mr. Shepherd and himself. He asked that they revise the agenda to begin with C, followed by E, F, G and then D.

Commissioner Anaya moved to approve the agenda as amended and Commissioner Sullivan seconded. The motion passed unanimously.

- A. Welcome by Alex Valdez and Roman Abeyta**
- B. Introductions**

Mr. Valdez welcomed everyone and thanked all the participants. He said he hoped the meeting would be substantive. SVH Board members and staff introduced themselves. Mr. Abeyta expressed County Manager Gonzalez' regrets that he could not attend the meeting. He noted they had been anticipating the meeting for quite some time and hoped it was the first of many. Members of the HPPC introduced themselves.

- C. Presentation by St. Vincent Hospital Regarding Employer/Employee Health Outreach**

Mr. Valdez said the Employer/Employee Health Outreach Program is beyond the activities covered by the MOU and is geared toward helping North Central New Mexico employers and employees reduce health care costs with a public health agenda they can bring to the workplace. He suggested the County might want to consider the program for its employees to manage costs. He introduced Pamela Huffton who gave a power point presentation.

The Employer/Employee Outreach is a broad view of enhancing the health of the community. A healthier workforce means lower costs and higher productivity. One key measure is directing employees to screening and preventative services, tailoring those services to specific risks. The program helps employees find primary care providers. Ms. Huffton presented a graph demonstrating the 1142% increase in healthcare costs, skyrocketing from \$580/year to \$7500/year.

The first step in the outreach initiative is a Health Information Center with display posters that are changed monthly. It includes a Body/Mind section, followed by news of local upcoming screenings, etc. There are currently 42 Health Information Centers placed at local business and a further eight are contemplated. This exposes 24,000 employees to the information. Ms. Huffton has held 231 meetings with employers and attended five health fairs. She outlined the Personal Health Profile Program which collects data. It is confidential and compares the county's needs with those of other counties, illuminates areas of risk before they

happen. The outreach includes educational seminars, "lunch 'n' learns", and screening events. She passed around sample questionnaires that are used to establish a community health database.

Ms. Huffton stated technology is available to help Human Resources manage their data, including software that can develop a database to be able to home in on risk factors like diabetes and obesity. As an example, she showed a map of residents who had mammograms in the vicinity of a city. Such information is confidential and useful for direct marketing.

Commissioner Montoya said he had discussed with the County Manager setting up an initiative in the County. Ms. Huffton said most of the tools they offer are free of charge. Commissioner Montoya noted that the data forms that were passed around had nothing about alcohol. Ms. Campos said five specific questions can be added in.

Regarding health fairs, Commissioner Montoya asked if those were coordinated with the mobile health fair van. Ms. Huffton said that had not occurred yet but was a good idea.

Commissioner Anaya asked where screenings were conducted. Ms. Huffton said fairs are held at workplace and gave as example a health fair to be held at the College of Santa Fe that will screen for osteoporosis and glucose. Additionally, screening events can be coordinated with HR. She talks with personnel departments to explain HIPPA regulations, for instance. The hospital regularly conducts screenings.

D. Presentation by St. Vincent Hospital concerning financial and programmatic status

Mr. Valdez said they are planning for tomorrow while performing well today. Last year, St. Vincent's worked to determine the hospital's strengths and weakness and threats through talking with a cross section of people in the community, hospital staff, representatives of state health plans, and CEOs from other hospitals. This resulted in strategies, i.e., how to maintain the strength of being a community based hospital with the need to maintain sole community provider funds. Weaknesses could be found in the operations, such as people staying too long in the emergency room, or delays in getting beds for patients to be admitted.

Mr. Valdez stated they need to learn best how to react to external market forces, such as the possibility of Physicians Medical Center coming into the community. They have to be able to anticipate what financial impact that would have on St. Vincent's. "We are a fragile system." Some services bring in money and some do not. He said they want to avoid a scenario such as happened in Las Cruces. They want to be the choice of patients and their families. He gave the example of the newly opened cardiac center, which eliminates the need for local patients having to go to Albuquerque.

Mr. Valdez outlined six goals for the organization:

- Create a culture of service

- Earn support of patients and community
- Ensure clinical excellence (with performance-based standards)
- Run the organization well (make a margin and improve Moody's rating)
- Develop committed and empowered employees
- Have a positive relationship with the physicians.

Success is monitored with satisfaction surveys, clinical measurements, Moody's rating and community benefit and service. Mr. Valdez spoke about market opportunities:

- Electronic health records for everyone in the community
- Possible legislation for \$6 million towards a statewide trauma system
- Regional cancer care in support of smaller hospitals
- Heart and vascular problem screening
- Physician residency program
- Extended urgent care, particularly in southern Santa Fe (St. Vincent is working with a developer in that area)
- Physician practices (investing more so that there are not so many on-call issues and burning doctors out)

Returning to the issue of external factors, Mr. Valdez noted that hospitals across the country are facing the same issues of nurse shortages and high turnover. The number of uninsured is increasing while reimbursement rates are decreasing. There is flat inpatient volume, although outpatient volume is increasing. An ambulatory surgery branch may siphon off workers. The consolidation of insurance companies limits the hospitals' ability to negotiate. More government regulations result in higher costs. Again, niche centers skim off the cream of the insured population.

Mr. Doxtater indicated that St. Vincent is in fact doing better. There are 12,800 admissions per year. The emergency room is busy. Operating revenue last year was \$188 million and this year will be over a fifth of a billion. The payroll is \$88 million. Medicare accounts for 33 percent, 9 percent Medicaid, 13 percent uninsured, and managed care is 36 percent.

Moody's credit rating in 2003 was Baa1 with negative outlook. Baa1 is not a bad rating for a stand-alone hospital. Recently a \$23.6 million bond issue was floated and the rating was the same but the outlook is now positive. Both the operating income and the margin have improved, as has the cash on hand. Operating revenue has doubled since 1998, but so have staffing expenses. Due to the acute labor shortage they must rely heavily on contract labor. The cost of indigent care is rising. "Thank goodness for sole community provider funding," said Mr. Doxtater. There has been a huge increase in community benefits as can be seen from the MOA.

The recent bond issue will go into expanding the trauma care, cardiac surgery and capital equipment. St. Vincent also relies on fund raising as well as government fund raising. Although they would like to improve their bond rating, they are maintaining a decent debt ratio.

Mr. Valdez summarized by saying the financial situation has improved and they will be working to expand their services in the areas of interventional cardiology, cancer care, state-of-the-art imaging (including computerized x-rays over the Internet), cardiac surgery, wound care and a spine center. This latter will be central in coordinating Workers' Compensation care.

Mr. Valdez noted St. Vincent is always interested in having a positive dialogue with Santa Fe County regarding market opportunities and risks so that they might maintain and grow quality health care for the citizens of the community.

Larry Martinez asked what strategies were envisioned regarding the trauma system. He said there is always a concern having sufficient resources and time to get and train providers.

Mr. Valdez said there are three designated levels in New Mexico. UNM is the only level 1 in the state, having the only burn unit. There is no level 2 provider, which requires round the clock neurosurgery capabilities. St. Vincent is a level 3. A trauma center is a tremendous burden on local physicians and there is a need to find ways to support specialists.

Mr. Martinez suggested there was a need to recruit from elsewhere. Mr. Valdez said they are recruiting all the time on all fronts, and they offer good incentives.

Commissioner Vigil congratulated St. Vincent on the improved bond rating, and asked what plans they have for homeland security. Mr. Valdez said hospitals are not generally seen as first responders and thus have received minimal dollars for homeland security. They are involved in planning sessions. The new ER will have isolation rooms for biological and chemical incidents.

Commissioner Vigil asked if the hospital has discussed an internal plan for emergency response. Mr. Valdez said they periodically go through tabletop exercises, and they have been asked by the Department of Health to work on a flu pandemic response.

Commissioner Anaya asked if the electronic records would be coordinated with the CARE Connection. Mr. Valdez said they have not had that conversation. A first step in the electronic records plan is get internal capacity within the hospital, then eventually, the entire community.

Commissioner Montoya asked if there was a plan to move the trauma center up to level one. Mr. Valdez said there was not, that the intent was to maintain level 3. Even level 2 requires 24/7 neurological coverage. They do, however, provide a high level of care on a daily basis as a matter of reality.

Regarding the surveys, Commissioner Montoya asked if there were questions for the family. Mr. Valdez said there are questions on the survey related to family satisfaction.

Community surveys have pointed out a lack of satisfaction in the southwest sector of Santa Fe due to lack of availability of emergency care.

F. Board of County Commissioners (BCC) presentation of trip to San Juan County Regional Medical Center

Mr. Shepherd recounted that a few months ago, he, along with Commissioners Sullivan and Vigil traveled to Farmington to talk with people there about the regional hospital. He said they were impressed with the relationship between the governing body and the medical center.

Commissioner Sullivan said the San Juan County is similar in size to Santa Fe County and growing. He called the attendees' attention to the St. Vincent's community benefits report which describes how \$23.6 million are allocated. *[Exhibit 1]* Approximately \$2 million of this is controlled exclusively by St. Vincent. He also referred to the sole community provider funding. *[Exhibit 2]* He said strides have been made in closing the gap to provide supplemental and base funds to match the SCP needs. The problem is the County is running out of money for matching available funds. Previously, the County was able to dip into its cash, but the amount has been growing so rapidly, they are no longer able to match the funds. He noted that these funds are needed by St. Vincent for operations and that Santa Fe County has a larger Medicaid community than San Juan County. San Juan County has 174 beds. (Mr. Valdez stated St. Vincent is licensed for 262 beds but normally use about 130.)

Commissioner Sullivan pointed out San Juan County is booming with the oil and gas industry and the hospital is adding 72 beds. In going to Farmington, the Commissioners were interested in learning how to capture maximum SCP funds, and how to solve user-friendly issues mentioned in the surveys. He stated that San Juan has a board of directors, in addition to which they have a 100-member corporation. This corporation meets quarterly and has a strong grassroots element. This leads to greater communication and community buy-in.

A specific difference in the San Juan situation is that the County owns the land and rents it to the hospital for one dollar a year. This allows the County to issue bonds and receive GRT funding. Thus they are able to contemplate a \$40 million expansion, Commissioner Sullivan said Santa Fe County does not want to own a hospital or even the land it sits on, but on the other hand, San Juan County is able to automatically match the SCP and supplemental funds every year.

There is a yearly retreat arranged by the hospital board where issues are discussed, according to Commissioner Sullivan, in an atmosphere of community involvement and transparency. Additionally, the SJRMC has competition in the area from three competing facilities. The hospital has good retention and their 1500 employees are not unionized. They recently got out of the detox and Workers' Compensation businesses. Surveys of the surrounding community came back with complaints about poor communication and failure to follow up on complaints.

Commissioner Vigil who also participated on the trip, said SJRMC has an operating budget of \$175 million. During meetings with the hospital executives she was impressed by their strong commitment to transparency and the desire that there be "no surprises" for the community. Four hundred people are surveyed every six months to unearth issues. She emphasized the diverse community representation. The clear distinction in Farmington is the fact that the hospital is built on county land, which fosters a partnership mentality.

Commissioner Vigil harkened back to the earlier days of St. Vincent, where she was born, when the hospital Sisters of Charity were in charge and there was a clear caring component. She added that Commissioner Campos, although unable to attend this meeting, wanted his desire to see the hospital remain in local hands and have a diverse representation expressed.

Commissioner Sullivan noted that San Juan's Moody's rating is A-.

Pat Sanchez stated she used to work at St. Vincent's at a time when the Indigent Fund was housed there. That seemed to foster a closer connection. He said the relationship was closer when they saw people every day. Ms. Sanchez suggested that as the hospital expands perhaps the County's Health and Human Services could locate there.

Commissioner Vigil indicated the State Health Division is located in San Juan County. By state statute, Santa Fe County is required to house a number of other facilities, including the DA's office, but all options should be considered. In its *Call to Action*, HPPC identified health needs in the county, and it pointed to a need for greater connectivity.

Rosemary Romero asked about how San Juan's roots differed from those of St. Vincent's. Commissioner Vigil said she understood they are new than St. Vincent's, starting 50 years ago with the land donation from the county.

Mr. Valdez pointed out that St. Vincent is the oldest hospital in the state, now into their 141st year. The Sisters of Charity turned the institution over to a not-for-profit corporation in the early 1970s. The original board of 14 members has now grown to 19 members.

Commissioner Vigil mentioned that SJRMC is also regional, serving southern Colorado and the Four Corners area.

Mr. Valdez turned to strategies for getting the whole match on the SCP supplement. Curry County was also unable to fully fund their match. The Hospital and Health Systems Association, working with the Human Services Department came up with the match for 30 days. If the money cannot be found in that time St. Vincent will have to reimburse them. Curry County was able to come up with the money; Santa Fe County remains the only county that has been unable to. St. Vincent is now looking into the possibility of defining themselves as a quasi-governmental entity in order to be able to self-fund the match. San Juan County does this. It may be possible to qualify since they do get direct appropriations from the state government.

Terri Rodriguez asked about how San Juan is able to use GRT funding. Commissioner Vigil said that possibility might be contingent upon the fact that the county owns the land. Ms. Rodriguez noted that Santa Fe is already nearly maxed on its GRT possibilities. She said she has been encouraging the City Council to take a larger role in the fate of the hospital, since the County has been shouldering the burden heretofore. She admitted that the City would have a difficult time coming up with the \$900,000 needed for the match.

Commissioner Montoya asked if there were any county commissioners on SJRMC's board. Commissioner Sullivan said there were no commissioners on the board but they could be in the corporation.

Mr. Shepherd asked if there was a positive ruling from CMS, would that change the situation in the future? Mr. Valdez said he was not sure, but they want to be able to take full advantage of funding while keeping the MOU in mind.

Commissioner Sullivan noted Linda Thompson, CEO from San Juan issued a caveat to the effect that St. Vincent should avoid becoming a county hospital, which would subject them to follow onerous procurement and HR processes.

Mr. Valdez said he appreciated this conversation. He said given the threats of competition there might be in the future, it is important to plan ahead.

In summary, Commissioner Montoya suggested looking into having a corporation similar to that of San Juan, investigating innovative financial options, and perhaps holding an annual retreat.

Mr. Valdez stated he was interesting in speaking with Santa Fe County's Finance Department in order to understand the situation better and explain it to his board. He said he like the retreat concept.

Barbara Damron asked if there is a hospital district in San Juan. Commissioner Sullivan said there was not but they are able to get funding from county-issued bonds. He noted that Santa Fe County has recently participated in an IRB for a charter school.

Mr. Valdez repeated that he is talking to Las Soleras about land. He announced there will be reception the following day at Eldorado, and on Saturday, Women's Health would be having health screenings.

E. Presentation by Santa Fe County Staff on CARE Connection Status

Mary Justice explained that the CARE Connection is a consortium of behavioral health providers that has been in existence for over ten years. One component is the Central Intake and Assessment Center. The County is eligible for federal SAMSA grants which offer Access

to Recovery vouchers. They have served 1100 clients since opening, 751 of whom are eligible for Access to Recovery (ATR) vouchers. Of the clients, 75 percent are male, 60 percent are alcohol or DWI related. 675 vouchers have been issued, and they get referrals from the courts, St. Vincent, probation and parole, shelters and self-referrals. The ATR vouchers can go for auxiliary services such as transportation, childcare, emergency healthcare, etc, which is a big help.

Ms. Justice said there have only been 10 repeat DWI offenders. Of the 23 CARE providers in the network, six are faith-based and there are five more looking to join. She said they have been able to increase the treatment capacity and hope the hospital will see an impact in the form of fewer ER admissions.

Additionally, the HHS building is being renovated to be converted into the Sobering Center. It will consist of 3300 square feet and should be ready at the end of June. She said they get over 700 opportunities to intervene in substance abuse and this will take a burden off the jail and St. Vincent. Ms. Justice said the intention is to divert "frequent fliers", i.e., heavy users of the emergency room and jail. Sobering centers throughout the country are able to put people into outside treatment. Santa Fe's will have around 14 beds and anticipate 40 percent repeat clients, which will result in 600 to 700 people served with aggressive case management. She thanked St. Vincent for its support.

Mr. Valdez said this approach is "incredibly important" as the emergency room is the most expensive system for care delivery. Ms. Justice said St. Vincent has provided people with technical expertise that have helped out in committees. They are anticipating establishing medical protocols that will ensure the safety of sobering center clients.

F. Role and Responsibility of Santa Fe County Health Policy and Planning Commission

Mr. Martinez admitted he was one of the people that helped institute the SCP system in 1992. He gave a short history of the HPPC, noting that the situation was in chaos and every organization was seeking independent funding. There was no master plan for dealing with resources. The County Commission has been consistent in sending requests through the HPPC, and this led to the *Call to Action* document. He said they are updating it now to focus on gaps. He agreed that there are huge inefficiencies in trying to dispense primary care through the emergency room. HPPC's goal is an interdependent healthcare system.

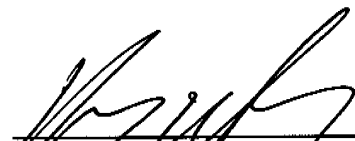
The updated *Call to Action* will emphasize a pro-active step to broaden the community benefit process. Requests will be independent and must be consistent with the *Call to Action*. "Everybody and anyone can apply." They will be looking specifically at addressing the needs of non-citizens. Membership in the HPPC will be broadened to encompass more sectors of the community. Mr. Martinez said sometimes coordination is more important than additional funding.

ADJOURNMENT

Commissioner Montoya thanked everyone present for offering informative and productive recommendations, and looked forward to further dialogue. Mr. Valdez said St. Vincent will follow up on the suggestions.


Having completed the agenda and with no further business, Chair Montoya declared this meeting adjourned at approximately 4:30 pm.

Approved by:

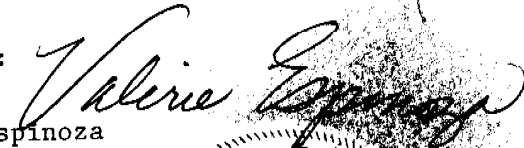


Harry Montoya, Chair

Respectfully submitted:


Debbie Doyle, Wordswork

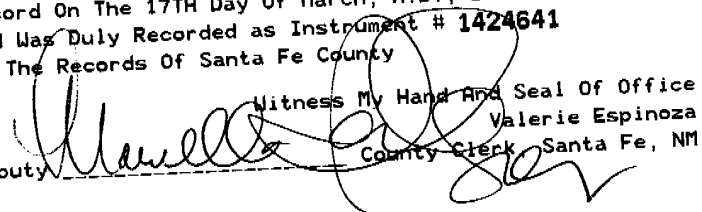
Attest by:


Valerie Espinoza
Santa Fe County Clerk



COUNTY OF SANTA FE) BCC MINUTES
STATE OF NEW MEXICO) ss PAGES: 19

I Hereby Certify That This Instrument Was Filed for Record On The 17TH Day Of March, A.D., 2006 at 10:31 And Was Duly Recorded as Instrument # 1424641 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk Santa Fe, NM




St. Vincent Hospital
Community Benefit Report - Cost of Patient Care and Health Services Provided
For Twelve Months Ended June 30, 2005
MOA Through September 30, 2005

	# of Patients	% of Total	# of Encounters	% of Total	Cost *	
Patient Care Costs for Uninsured						
Santa Fe County Residents						
Cost of Services for Individuals Approved by SF County Indigent Fund Board						
Emergency Services			909		290,560	
Inpatients			239		1,878,718	
Outpatient			961		702,015	
Inpatient Behavioral Health			37		256,891	
Inpatient Rehabilitation			3		43,254	
Totals for Approved Indigent (patients discharged current year only)	921	8%	2,149	11%	3,171,438	A
Cost of Services for Other Santa Fe County Uninsured						
Emergency Services			8,914		1,872,313	
Inpatients			703		3,305,330	
Outpatient			4,393		1,965,909	
Inpatient Behavioral Health			76		444,513	
Inpatient Rehabilitation			4		97,926	
Totals for Other Santa Fe County Uninsured	8,555	73%	14,090	73%	7,685,991	B
Totals for Santa Fe County Residents	9,476	81%	16,239	85%	10,857,429	C=A+B
Other Counties						
Los Alamos	53		68		67,957	
Rio Arriba	594		851		1,103,018	
San Miguel	451		632		677,105	
Taos	132		181		271,235	
Other New Mexico Counties	509		684		610,776	
All Other	439		517		312,242	
Totals Other Counties	2,178	19%	2,933	15%	3,042,333	D
Total Patient Care Costs	11,654	100%	19,172	100%	13,899,762	E=C+D

Community Health Services Provided by St. Vincent Hospital

Services Provided under Memorandum of Agreement with Santa Fe County:		
Community Health Services Coordination		165,000
EMS Medical Services		2,625,000
Maternal & Child Healthcare		140,000
Support Services for Indigent Care		65,000
PARA Transit		1,644,000
Indigent Primary Care Funding		620,000
Santa Fe Care Connection		485,000
Mobile Healthcare Unit		350,000
Health Services in SF County		784,000
Healthcare Marketing and Outreach		38,000
County Healthcare Days		10,000
Clinic Healthcare Support		775,000
Total of Services Provided under Memorandum of Agreement with Santa Fe County		7,681,000
Other Community Health Services Provided by St. Vincent Hospital:		
Support to Physicians for Emergency Call Coverage		608,191
Doula Program		71,171
Medical Residency Program		619,824
Physician Recruitment and Relocation		491,912
Emergency Depart Physician Subsidy		225,500
Miscellaneous Other		14,300
Total of Services Provided under Memorandum of Agreement with Santa Fe County		2,030,898
Total Community Health Services Provided by St. Vincent Hospital		9,711,898

Grand Total Cost of Patient Care and Community Health Services Provided by St. Vincent Hospital	23,611,660
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* - Cost is reflected as total actual cost to provide services less payments (if any) received from the patient. Totals do not include any allocation or offset of Sole Community Provider Payments received.

SFC CLERK RECORDED 03/17/2006

**St. Vincent Hospital
Sole Community Provider Funding
For Twelve Months Ended June 30, 2005**

	Annual
Base Funding - Approved by State February 2004	
Los Alamos County	\$56,963
Rio Arriba County	\$125,000
San Miguel County	\$84,040
Santa Fe County	\$16,517,937
Taos County	\$569,631
Total Base Funding	\$17,353,572
Supplemental Funding - Approved by State September 2004	
Los Alamos County	\$0
Rio Arriba County	\$0
San Miguel County	\$0
Santa Fe County	\$4,049,512
Taos County	\$0
Total Supplemental Funding	\$4,049,512
Total Sole Community Provider Funds	
Los Alamos County	\$56,963
Rio Arriba County	\$125,000
San Miguel County	\$84,040
Santa Fe County	\$20,567,450
Taos County	\$569,631
Total Sole Community Provider Funds	\$21,403,085

SFC CLERK RECORDED 03/17/2006



Santa Fe County	01/25/06
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Potential Sole Community Hospital Base Funding

FY-2007 Base

Hospital Name	28.063% SF County Match	71.937% NM HSD Contribution	Total Base Funding
Espanola Hospital	118,272.00	303,184.00	421,456.00
Holy Cross Hospital	6,042.00	15,486.00	21,528.00
Los Alamos Hospital	13,243.00	33,945.00	47,188.00
St. Vincent's Hospital	7,470,623.00	19,150,746.00	26,621,369.00
Totals	7,608,180.00	19,503,361.00	27,111,541.00

FY-2007 Preliminary 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	0.00	0.00	0.00
Totals	0.00	0.00	0.00

FY-2007 Total Base & Preliminary Supplemental SCP Funding
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Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	118,272.00	303,184.00	421,456.00
Holy Cross Hospital	6,042.00	15,486.00	21,528.00
Los Alamos Hospital	13,243.00	33,945.00	47,188.00
St. Vincent's Hospital	7,470,623.00	19,150,746.00	26,621,369.00
Totals	7,608,180.00	19,503,361.00	27,111,541.00

SFC CLERK RECORDED 03/17/2006

Santa Fe County	01/25/06
Sole Community Hospital Base & Supplemental Funding	

FY-2006 Base

Hospital Name	28.063% SF County Match	71.937% NM HSD Contribution	Total Base Funding
Espanola Hospital	113,722.00	291,524.00	405,246.00
Holy Cross Hospital	5,809.00	14,891.00	20,700.00
Los Alamos Hospital	12,733.00	32,640.00	45,373.00
St. Vincent's Hospital	5,996,839.00	15,372,742.00	21,369,581.00
Totals	6,129,103.00	15,711,797.00	21,840,900.00

FY-2006 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 (CO)	425,000.00	3,802,888.89	4,227,888.89
St. Vincent's Hospital (O)	0.00	0.00	0.00
Totals	425,000.00	3,802,888.89	4,227,888.89

FY-2006 Total Base & Preliminary Supplemental SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	113,722.00	291,524.00	405,246.00
Holy Cross Hospital	5,809.00	14,891.00	20,700.00
Los Alamos Hospital	12,733.00	32,640.00	45,373.00
St. Vincent's Hospital	6,421,839.00	19,175,630.89	25,597,469.89
Totals	6,554,103.00	19,514,685.89	26,068,788.89

Santa Fe County	01/25/06
Sole Community Hospital Funding	

FY-2005 Base

Hospital Name	25.563% SF County Match	74.437% NM HSD Contribution	Total Base Funding
Espanola Hospital	99,703.00	290,332.00	390,035.00
Holy Cross Hospital	5,291.00	15,409.00	20,700.00
Los Alamos Hospital	11,163.00	32,507.00	43,670.00
St. Vincent's Hospital	4,222,398.00	12,295,539.00	16,517,937.00
Totals	4,338,555.00	12,633,787.00	16,972,342.00

FY-2005 Supplemental

Hospital Name	25.150% SF County Match	74.850% 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	1,018,452.34	3,031,059.96	4,049,512.30
Totals	1,018,452.34	3,031,059.96	4,049,512.30

FY-2005 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	99,703.00	290,332.00	390,035.00
Holy Cross Hospital	5,291.00	15,409.00	20,700.00
Los Alamos Hospital	11,163.00	32,507.00	43,670.00
St. Vincent's Hospital	5,240,850.34	15,326,598.96	20,567,449.30
Totals	5,357,007.34	15,664,846.96	21,021,854.30

SFC CLERK RECORDED 03/17/2006

Santa Fe County	01/25/06
Sole Community Hospital Funding	

FY-2004 Base

Hospital Name	25.223% SF County Match	74.777% NM HSD Contribution	Total Base Funding
Espanola Hospital	95,511.00	283,164.00	378,675.00
Holy Cross Hospital	5,404.00	16,021.00	21,425.00
Los Alamos Hospital	10,694.00	31,704.00	42,398.00
St. Vincent's Hospital	3,607,644.00	10,695,631.00	14,303,275.00
Totals	3,719,253.00	11,026,520.00	14,745,773.00

FY-2004 Supplemental

Hospital Name	25.440% SF County Match	74.560% 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	417,389.00	1,223,291.02	1,640,680.02
Totals	417,389.00	1,223,291.02	1,640,680.02

FY-2004 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	95,511.00	283,164.00	378,675.00
Holy Cross Hospital	5,404.00	16,021.00	21,425.00
Los Alamos Hospital	10,694.00	31,704.00	42,398.00
St. Vincent's Hospital	4,025,033.00	11,918,922.02	15,943,955.02
Totals	4,136,642.00	12,249,811.02	16,386,453.02

Santa Fe County	01/25/06
Sole Community Hospital Funding	

FY-2003 Base

Hospital Name	25.903% SF County Match	74.097% NM HSD Contribution	Total Base Funding
Espanola Hospital	95,229.00	272,416.00	367,645.00
Holy Cross Hospital	5,362.00	15,338.00	20,700.00
Los Alamos Hospital	10,662.00	30,501.00	41,163.00
St. Vincent's Hospital	3,376,037.00	9,657,595.00	13,033,632.00
Totals	3,487,290.00	9,975,850.00	13,463,140.00

FY-2003 Supplemental

Hospital Name	36.911% SF County Match	63.089% 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	229,980.27	623,062.27	853,042.54
Totals	229,980.27	623,062.27	853,042.54

FY-2003 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	95,229.00	272,416.00	367,645.00
Holy Cross Hospital	5,362.00	15,338.00	20,700.00
Los Alamos Hospital	10,662.00	30,501.00	41,163.00
St. Vincent's Hospital	3,606,017.27	10,280,657.27	13,886,674.54
Totals	3,717,270.27	10,598,912.27	14,316,182.54

SFC CLERK RECORDED 03/17/2006

Santa Fe County	01/25/06
Sole Community Hospital Funding	

FY-2002 Base

Hospital Name	26.770% SF County Match	73.230% NM HSD Contribution	Total Base Funding
Espanola Hospital	95,831.00	262,149.00	357,980.00
Holy Cross Hospital	5,541.00	15,159.00	20,700.00
Los Alamos Hospital	10,730.00	29,351.00	40,081.00
St. Vincent's Hospital	3,291,896.00	9,005,061.00	12,296,957.00
Totals	3,403,998.00	9,311,720.00	12,715,718.00

FY-2002 Supplemental

Hospital Name	26.200% SF County Match	73.800% 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	103,233.00	290,786.00	394,019.00
Totals	103,233.00	290,786.00	394,019.00

FY-2002 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	95,831.00	262,149.00	357,980.00
Holy Cross Hospital	5,541.00	15,159.00	20,700.00
Los Alamos Hospital	10,730.00	29,351.00	40,081.00
St. Vincent's Hospital	3,395,129.00	9,295,847.00	12,690,976.00
Totals	3,507,231.00	9,602,506.00	13,109,737.00

Santa Fe County	01/25/06
Sole Community Hospital Funding	

FY-2001 Base

Hospital Name	26.321% SF County Match	73.679% NM HSD Contribution	Total Base Funding
Espanola Hospital	39,420.00	110,347.00	149,767.00
Holy Cross Hospital	1,985.00	5,554.00	7,539.00
Los Alamos Hospital	10,803.00	30,240.00	41,043.00
St. Vincent's Hospital	1,178,857.00	3,299,898.00	4,478,755.00
Totals	1,231,065.00	3,446,039.00	4,677,104.00

FY-2001 Supplemental

Hospital Name	26.680% SF County Match	73.320% NM HSD Contribution	Total Additional Funding
Espanola Hospital	66,010.00	180,828.00	246,838.00
Holy Cross Hospital	3,322.00	9,100.00	12,422.00
Los Alamos Hospital	18,089.00	49,553.00	67,642.00
St. Vincent's Hospital	1,974,025.00	5,407,641.00	7,381,666.00
Totals	2,061,446.00	5,647,122.00	7,708,568.00

FY-2001 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	105,430.00	291,175.00	396,605.00
Holy Cross Hospital	5,307.00	14,654.00	19,961.00
Los Alamos Hospital	28,892.00	79,793.00	108,685.00
St. Vincent's Hospital	3,152,882.00	8,707,539.00	11,860,421.00
Totals	3,292,511.00	9,093,161.00	12,385,672.00

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