

Indigent Care Annual Reporting Template

Provider Name	Taos Health System, Inc. Holy Cross Hospital		
Provider Medicaid Number	0760		
Provider Medicare Number	321310		

Fiscal Year Begin	1/1/2022	Fiscal Year End	12/31/2022
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From SB71 Section 8

Health care facilities and third-party health care providers shall annually report to the department how the following funds are used:

Report the data below on the cash basis (monies received during the calendar year 2022)

- 1 Indigent care funds and safety net care pool funds pursuant to the Indigent Hospital and County Health Care Act

In the box below please report any funds received from county health plan for indigent patients (Do not include Mill Levy Revenue)

\$0

(Please describe the use of the funds reported above)

In the box below please report any safety net care funds received by the facility. Please include Hospital Access Payments, Targeted Access Payments, and Enhanced DRG Payments (Do not include Mill Levy Revenue)

3,561,779.21	Hospital Access Payments
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153,540.69 Targeted Access Payments

- SNCP DRG Enhanced Rate Payments

(Please describe the use of the funds reported above) **Provide for all patients as medically necessary**

2 Funds raised to pay the cost of operating and maintain county hospitals, pay contracting hospitals in accordance with health care facilities contracts or pay a county's transfer to the county-supported Medicaid fund pursuant to the Hospital Funding Act

In the box below please report any Mill Levy funds received by the facility

2,061,794.71

(Please describe the use of the funds reported above) **Funds received by the County for maintaining facility and providing for capital assets.**

In the box below please report any County/Municipal Bond Proceeds received by the facility

\$0

(Please describe the use of the funds reported above)