

Indigent Care Annual Reporting Template

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

Fiscal Year Begin 7/1/2022 Fiscal Year End 6/30/2023

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 state fiscal year 2023)**

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)

\$0.00

(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)

\$2,066,954.15 Hospital Access Payments

\$118,692.00 Targeted Access Payments

\$0.00 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

\$1,608,814.21

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

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

\$0.00

(Please describe the use of the funds reported above)







From SB71  
Section 8.B.(2)

As applicable, the health care facility's estimated annual amount and percentage of the health care facility's bad debt expense attributable to patients eligible under the health care facility's financial assistance policy and an explanation of the methodology used by the health care facility to estimate this amount and percentage.

In the box below, please report the amount of bad debt expense attributable to patients that are eligible for the facilities financial assistance program

1 \$ -

What percentage of total bad debt expense is represented by the amount reported above?

2 0%

In the space provided below, please explain the methodology used to create the estimates reported in boxes 1 and 2

We cannot determine what % of our bad debt is associated with individuals who would qualify for the financial assistance policy. We do not have presumptive eligibility or propensity to pay software to determine bad debt accounts that could have been financial assistance. If the patients provided financials and required information, we would classify them for financial assistance versus bad debt. Bad debt accounts are patients who have not responded to us with needed information in order to qualify for financial assistance.

1 Indigent patient means a patient with a household income that does not exceed two hundre

ed percent of the federal poverty level