

Indigent Care Annual Reporting Template

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:

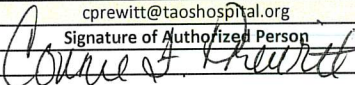
1. \$

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

2.

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.

Certification Statement				
This is to certify that the foregoing information, including any attached exhibits, schedules, and explanations is true, accurate, complete, and related to Indigent Care Annual Reporting Requirements in New Mexico. I understand this information is used to ensure that uninsured and underinsured residents of New Mexico have access to necessary healthcare services, including ambulance transport and hospital care. I understand that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable federal or state law. Declaration of preparer is based on all information of which the preparer has any knowledge.				
Name of Authorized Person		Title	Telephone Number	
Connie Prewitt		CFO	575-751-5713	
Email of Authorized Person				
cprewitt@taoshospital.org				
Signature of Authorized Person			Date of Signature	
			30-Nov-25	
Address of Authorized Person				
Street or P.O. Box		City	State	Zip Code
1397 Weimer Rd		Taos	NM	87571
Name of Preparer				
Connie Prewitt		CFO	575-751-5713	
Email of Preparer				
cprewitt@taoshospital.org			11/30/2025	
Address of Preparer				
Street or P.O. Box		City	State	Zip Code
1397 Weimer Rd		Taos	NM	87571

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 7/1/2023 Fiscal Year End 6/30/2024

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 2024).

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):

\$4,251,461.92 Hospital Access Payments

\$663,118.00 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:

\$1,730,706.57

(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:

\$0.00

(Please describe the use of the funds reported above)

