Indigent Care Annual Reporting Template

Provider Name: Mimbres Memorial Hospital

Provider Medicaid Number: B-2113

Provider Medicare Number: 32-1309

Fiscal Year Begin: 1/1/2025 Fiscal Year End: 12/31/2025

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 2025).

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 the Enhanced DRG Payments (Do not include Mill Levy Revenue):

   $475,217.00 SNCP DRG Enhanced Rate Payments

   (Please describe the use of the funds reported above). funds received were used to cover unreimbursed cost of providing services to indigent patients

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:

   $0.00

   (Please describe the use of the funds reported above)

   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)

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From SB71: A health care facility's or third-party health care provider's report to the department shall include:

1. The number of indigent patients whose health care costs were paid directly from the funds described in Subsection A of this section and the total amount of funds expended for those health care costs

Input Number of Indigent Claims	1,093
Input Number of Medicaid Claims	37,255
Input Number of Medicaid patients served (patients with multiple visits should be counted once)	9,460
Total Patients Reported Above (formula)	10,548

Populate the table below utilizing your cost report that ends in the calendar year 2025, and claims data for the indigent patients included in the figure in section 1 of this tab

	Cost to charge ratio	Charges	Calculated Costs
Cost of care related portion of bill for insured patients qualifying for indigent care	0.2[illegible]	58,268,807	[illegible]1,784,721.59
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care	[illegible]	[illegible]	[illegible]80

Total Costs From Table Below	$16,149,848.83
Total Costs for Indigent Care (sum of G21, G23 and G25)	$17,940,654.61

Routine Cost Centers

Cost Center Line Number	Cost Center Description	Per Diem from Worksheet D-1 (for the cost report)	Cost to Charge Ratio from Worksheet C Part I	Days Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Inpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Outpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Calculated Costs
[illegible]	[illegible] and Pediatrics	$ [illegible]		[illegible]			$ 1,750,331.70
[illegible]	[illegible]	$ [illegible]		[illegible]			$ 304,837.60
[illegible]	[illegible] Care Unit	$					$ -
3[illegible]	[illegible] Intensive Care Unit	$					$ -
[illegible]	[illegible] Intensive Care Unit	$					$ -
[illegible]	[illegible] Special Care Unit	$					$ -
[illegible]	[illegible]	$ -					$ -
[illegible]	[illegible]	$ -					$ -
[illegible]	[illegible]	$ -					$ -
40	[illegible]	$ 4,381.43		[illegible]			$ 897,844.20

Ancillary Cost Centers

Cost Center Line Number	Cost Center Description	Per Diem	Cost to Charge Ratio	Days	Inpatient Ancillary Charges	Outpatient Ancillary Charges	Calculated Costs
[illegible]	[illegible] ROOM		[illegible]		$ [illegible]	$ [illegible]	$ 1,580,377.82
[illegible]	[illegible] ROOM & LABOR ROOM		[illegible]		$ [illegible]	$ [illegible]	$ 224,897.81
[illegible]	[illegible]THESIOLOGY		0.0149		$ [illegible]	$ [illegible]	$ 34,404.18
[illegible]	[illegible]OGY-DIAGNOSTIC		0.1705		$ [illegible]	$ [illegible]	$ 4,146,556.86
[illegible]	[illegible]		[illegible]		$ [illegible]	$ [illegible]	$ 1,546,787.87
[illegible]	[illegible]RATORY THERAPY		0.7905		$ 186,778.00	$ [illegible]080.00	$ 397,880.39
[illegible]	[illegible] THERAPY		0.42[illegible]		$ [illegible]416.00	$ [illegible]551.00	$ 414,508.84
[illegible]	[illegible]CTROCARDIOLOGY		[illegible]		$ [illegible]	$ [illegible]	$ 59,132.88
7[illegible]	[illegible] SUPPLIES CHARGED TO PATIENTS		[illegible]		$ [illegible]	$ [illegible]3.00	$ 171,557.[illegible]
7[illegible]	[illegible] CHARGED TO PATIENT		[illegible]		$ [illegible]	$ [illegible]	$ 187,613.84
7[illegible]	[illegible]		[illegible]		$ 677,[illegible]	$ [illegible]	$ 491,671.85
[illegible]	[illegible] Services		[illegible]				$ -
[illegible]	[illegible] RHC		[illegible]		$ [illegible]	$ [illegible]	$ 45,107.39
[illegible]	[illegible]MERGENCY		[illegible]		$ [illegible]	$ [illegible]	$ 3,414,301.51
9[illegible]	[illegible]RVATION BEDS (NON-DISTINCT PART)		[illegible]		$ 86,567.20	$ 177,428.00	$ 409,856.58
				#78	$ [illegible]	$ [illegible]	$ 15,148,848.86

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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. $ 3,883,009.00

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

2. 57%

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

We pulled all transaction codes that were write offs to bad debt. We then looked at the insurance provider for those patients. We included Charity, Private Pay, and Self Pay to determine the patients that were eligible for the facilities financial assistance program.

Our total bad debt written off in 2025 was $6.8m. In addition, we wrote off $460k to charity.

New for this year:

Please enter the URL/web address used for prior year reporting of information.

https://mimbresvalleymedical.com/

Indigent Care Annual Reporting Signature Page

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.				
Name of Authorized Person		**Title**	**Telephone Number**	
John Schoonover		Chief Financial Officer	575-546-5802	
Email of Authorized Person				
jschoonover@qhcus.com				
Signature of Authorized Person		**Date of Signature**		
		Nov. 19, 2025		
Address of Authorized Person				
Street or P.O. Box		**City**	**State**	**Zip Code**
900 W. Ash Street		Deming	NM	88030

Name of Preparer		**Title**	**Telephone Number**	
Daniel Olvera		Director, Reimbursement	806-543-0541	
Email of Preparer		**Date of Preparation**		
dolvera@qhcus.com		Nov. 19, 2026		
Address of Preparer				
Street or P.O. Box		**City**	**State**	**Zip Code**
1573 Mallory Lane, Suite 100		Brentwood	TN	37027

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Definitions

1. Indigent patient means a patient with a household income that does not exceed two hundred percent of the federal poverty level.