

Hospital Rates and Accountability

New Mexican hospitals had a net revenue of over \$334 million in 2022. Concurrently, they are receiving unprecedented subsidies from both the state and federal governments, but the state subsidies have uneven financial impact and are likely to help hospitals that are larger, and more profitable, than hospitals that are currently experiencing negative profitability. While hospitals post-pandemic have roughly the same net gains they had before the Covid-19 pandemic, profitability varies greatly across the state, and, as a whole, nonurban hospitals are worse off than urban hospitals. Because of the large state investment, the state has a unique opportunity to increase accountability of hospitals within New Mexico. Further, estimates that show government revenues will comprise at least 74 percent of hospital revenues in 2025 triggering concerns about hospital viability.

Profitability varies greatly among hospitals throughout the state.

LFC staff separated hospitals by both type and region in order to examine trends in profitability. In terms of type, hospitals were classified as not for profit, investor-owned, and governmental. In terms of region, hospitals were classified as urban or nonurban. Nationally, nonurban hospitals are financially struggling and many have been forced to down-size at greater rates than in the past.

Analysis indicates a majority of hospitals experiencing a net loss in 2022 are nonurban. The term nonurban is used as it encompasses both Nonurban and frontier hospitals. Nine out of the 12 hospitals that had a net loss in 2022 were nonurban. This finding highlights that if targeted spending a goal, Nonurban hospitals should be the primary focus. Of the three urban hospitals that had a net gain loss, two were under the Presbyterian system. While it is not fully clear why two hospitals under Presbyterian lost money, their unaudited cost reports show they are charging three times the cost for Medicaid clients, as well as have a high proportion of dollars either going to their home office or for administrative and general expenses. Therefore, their losses should likely not be of concern to the Legislature.

Investor-owned hospitals are consistently near the national average for profitability. Investor-owned hospitals are the closest to the national average for net gain profitability. In both 2021 and 2022, investor-owned hospitals met the average. In comparison, governmental hospitals met the average once, and that was during the pandemic when the American Rescue Plan Act’s (ARPA) funds were distributed. Nonprofit hospitals have never met the national average for net gain profitability. While the national average for net gain profitability is an important benchmark, government and nonprofit hospitals might not need to meet this benchmark, as their main concern is not profitability. Rather, it is providing services to New Mexicans more generally.

Median Net Gain for Hospitals

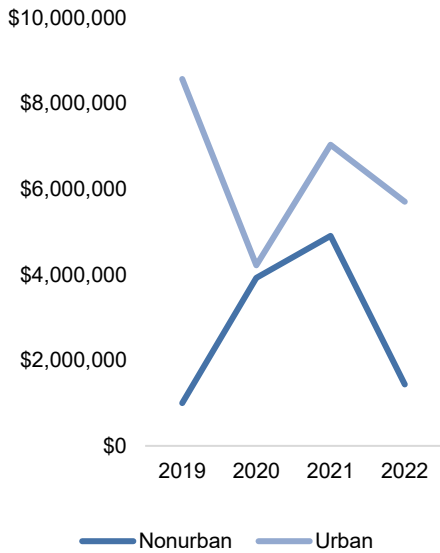
Type	2019	2020	2021	2022
Investor-Owned	5%	4%	6%	6%
Nonprofit	0%	3%	5%	1%
Governmental	2%	4%	9%	0%
Urban	1%	3%	6%	4%
Nonurban	4%	3%	6%	4%

Source: LFC staff analysis of hospital cost reports

In 2022, New Mexico hospitals experienced approximately the same profit margins as they did prior to the Covid-19 pandemic.

Both the Congressional Budget Office and LFC staff analysis indicate the national average net gain for hospitals prior to the Covid-19 pandemic was approximately 6 percent. National hospital data both during and post-pandemic is unavailable. However, focusing on New Mexico hospitals, trends indicate hospitals have returned to their prepandemic baseline.

**New Mexico Hospitals
Nonurban versus Urban
Net Income**



Source: LFC staff analysis of hospital cost reports

Hospitals experienced a financial windfall during the Covid-19 pandemic that was unsustainable. Prior to the pandemic, the median net gain for New Mexican hospitals was 2 percent. During 2020, it rose to 3 percent and in 2021, it increased to 5.7 percent. The most recent hospital data, which focuses on 2022 and post-pandemic life, indicates the median net gain for hospitals in the state was 1.8 percent. While this is below the national average, the median net gain is approximately the same as it was prior to the pandemic.

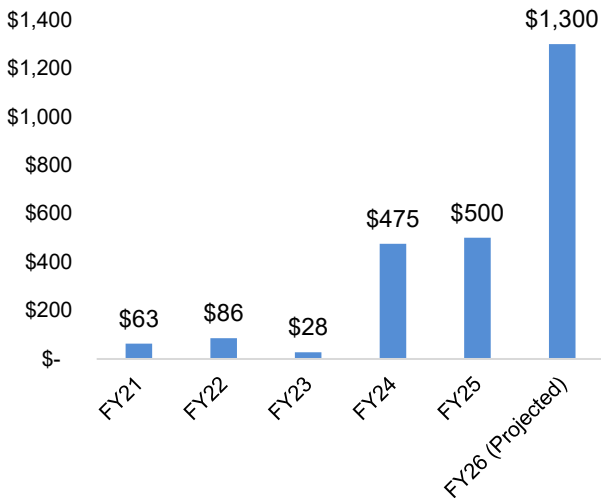
Due to federal funding during the Covid-19 pandemic, hospitals underwent an unprecedented boon. According to the Kaiser Family Foundation, \$186.5 billion was allocated by Congress to help hospitals during the pandemic. Of those funds, New Mexico hospitals received \$2.2 billion in Covid-19 healthcare relief funds. The unprecedented financial assistance is reflected in a significant increase in net gain for both 2020 and 2021. As seen in Figure 2, both nonurban and urban hospitals had higher net income during the Covid-19 pandemic.

The same number of hospitals lost money in 2022 as in 2019. According to hospital cost reports provided by the New Mexico Health Care Authority Department, 10 out of 44 hospitals in 2019 reported a net loss. Using the same data for 2022, once again 10 out of 44 hospitals reported a net loss. While the hospitals experiencing a net loss changed, hospitals do not seem to be facing a worse crisis than they were in 2019. Instead, hospitals may have acclimated to receiving large subsidies during the pandemic and are now experiencing operating at a lower profit margin than they experienced in 2020 and 2021. Only five

hospitals’ net gain experienced a loss in 2020 and three in 2021. (See Appendix B for a breakdown of net gains by hospital and year.)

New Mexico invested an additional \$972.5 million in hospitals in FY24 and FY25 including rate increases and subsidies.

**Rate Increases for New Mexican
Hospitals Excluding ARPA (in millions)**



Source: HB2 for FY20-25, SB17 (FY25), SB161 (FY25)

As seen in the figure to the left, state investments in hospitals increased exponentially within the last six years. These allocations exclude the American Rescue Plan Act (ARPA). Importantly, a vast majority of hospital rate increases took place following the Covid-19 pandemic.

Investments to hospitals were allocated in both the General Appropriation Act and in specific bills. In the General Appropriation Act of 2023, the state allocated \$80 million to contract with Nonurban regional hospitals, health clinics, providers, and federally qualified health centers to develop and expand primary care, maternal and child health, and behavioral health services. Another \$1 million was allocated to Nonurban and tribal serving critical access inpatient and outpatient service rate increase, and \$3 million to Rehoboth McKinley Christian Hospital through the Indian Affairs Department. In addition to these three allocations, the state allocated \$49.6 million to increase Medicaid rates paid to providers

of primary care and child health services, \$23.5 million for facility rate increases, and \$7.1 million for behavioral health provider rate increases.

For FY25, the three major hospital investments included the Healthcare Quality Delivery and Access Act that creates an assessment on hospitals that will be pooled, matched with federal Medicaid dollars, and reallocated to the hospitals. By FY28, the state plans to spend \$1.64 billion on this investment. A second investment allocated \$11.3 million for Medicaid directed payment rate increases to New Mexico's 20 smallest Nonurban hospitals. Eleven hospitals, primarily Nonurban, received subsidies amounting to \$45 million (see Appendix A for the list of hospitals and amount of allocation) in the newly created grant program, plus an additional \$50 million in the General Appropriation Act of 2024. Three hospitals—Epi Duran, a nonfederal hospital in McKinley County, and a hospital in Quay County—received specific allocations in the General Appropriation Act. Finally, for Nonurban health delivery costs, the Legislature appropriated \$46 million to defray operating losses for Nonurban regional hospitals when they expand services.

The Healthcare Quality Delivery and Access Act targets hospitals based on the number of beds and performance, meaning that larger hospitals will get a bigger share.

The Healthcare Quality Delivery and Access Act, initiated by the New Mexico Hospital Association, takes advantage of the multiplier effect of an almost 75 percent federal Medicaid match (FMAP), with the assessment providing the state's 25 percent share and achieving a \$3 revenue impact for every \$1 investment. Sixty percent of dollars returned to the hospitals is based on hospital size determined by number of licensed beds, while the other 40 percent is based on performance. All hospitals that fall under the act must report certain measures to the Health Care Authority, formerly the Human Services Department, to determine performance. Ultimately, the bill aims to improve and increase access to healthcare services within the state. However, hospitals that do not have significant Medicaid service volume will not see much benefit.

The act has uneven impact on hospital finances. Rehoboth McKinley Christian Hospital, which lost close to \$20 million in 2022, will receive approximately a little more than \$6.5 million from the Healthcare Quality Delivery and Access Act. This will not cover the full extent of the losses that Rehoboth faces and they will still have a negative net margin of more than \$13 million. In contrast, Eastern New Mexico Medical Center, which experienced 12 percent net gain in 2022, will receive more than \$37 million. Eastern New Mexico Medical Center earned close to \$80 million in 2022. If their earnings stay on track, profit in conjunction with funding from the act will give them more than \$117 million this year. See Appendix C for a breakdown of funding under the act for all hospitals.

Of the 12 hospitals that experienced a negative net margin, four will not receive enough from the Healthcare Quality Delivery and Access Act to be considered profitable. Moreover, the act will cover six other hospitals with negative net losses. However, at this point, it is unclear if the funding will help these six hospitals stabilize, as their profitability will remain extremely low (see appendix C).

Given the structure of the act, hospitals most at risk of down-sizing may not see much benefit. Generally speaking, hospitals that are not fiscally-challenged will receive the bulk of the financial aid based on bed count. For example, as discussed above, investor-owned hospitals are largely meeting the six percent national benchmark in terms of profitability. In 2022, investor-owned hospitals made \$168 million in net gains. These same hospitals will receive an approximate additional \$281 million from the Healthcare Quality Delivery and Access Act. Only two out of 19 hospitals that were investor-owned are financially struggling. Ultimately, the act does not target hospitals that are financially struggling, and instead helps larger hospitals which are generally already profitable.

Hospitals experienced significant rate or investment increases in recent years, and going forward, there is an opportunity to increase accountability and access.

Forty percent of funds allocated from Healthcare Quality Delivery and Access Act are performance based. Thus far, the New Mexico Hospital Association and Health Care Authority have not created metrics for urban hospitals.

For Nonurban hospitals, an agreement was reached focusing on eight measures. However, these measures are not new and may not focus on significant items, such as improving workforce or access. When creating the measures for urban hospitals, the Health Care Authority has a unique opportunity to ensure certain hospitals only receive funding if performance and outcomes improve for the New Mexicans served.

The Health Care Authority’s planned metrics for Nonurban and frontier hospitals range from two measures to eight measures. Table 2 outlines the eight measures Nonurban hospitals are accountable for under the 40 percent of the Healthcare Quality Delivery and Access Act that is based on performance. Frontier hospitals only report on two measures. These measures are a continuation of the Hospital Access Program (HAP) and Targeted Access Payments (TAP) program. Nonurban hospitals will receive a little more than \$256 million assuming the ratio between Nonurban and urban hospitals used for the 60 percent allocation remains the same. This means urban hospitals will receive around \$326 million based on performance. The measures for urban hospitals have not been decided yet. This presents an opportunity to ensure the measures created hold hospitals accountable for the \$1.1 billion they will receive in state funds. (See Appendix D for a breakdown of Nonurban and urban hospitals.)

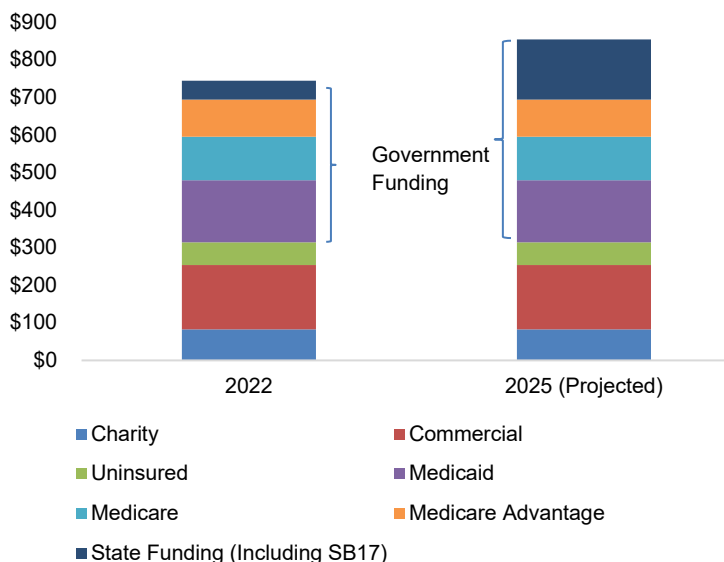
HCA’s Measures for Nonurban and Frontier Hospitals

Healthcare Quality Delivery and Access Act Quality Measures	Facility Designation Application
Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Nonurban
Patient Safety Indicator (PSI) 90:Patient Safety and Adverse Events Composite (Serious Complications that Patients Experience during a hospital stay or certain Inpatient Procedures)	Nonurban
Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Nonurban
Early Elective Delivery [Percentage of mothers whose deliveries were scheduled too early(1-2 weeks early), when a scheduled delivery wasn’t medically necessary]	Nonurban
HCAHPS(Hospital Consumer Assessment of Healthcare Providers and Systems) Hospital Inpatient Survey: Communication with Doctors	Nonurban
HCAHPS(Hospital Consumer Assessment of Healthcare Providers and Systems) Hospital Inpatient Survey: Communication with Nurses	Nonurban
Care Coordination for Mental Health Emergency Department Visit Follow-Up	Nonurban/Frontier
Screening, Brief Intervention, and Referral to Treatment	Nonurban/Frontier

Source: New Mexico Hospital Association

Government revenues will comprise at least 74 percent of total hospital revenues based on 2025 projections.

Total Revenues Broken Down by Types of Care



Source: National Academy for State Health Policy

In 2022, government revenues made up about 70 percent of total hospital revenues. Government revenues include those from Medicaid, Medicare, Medicare Advantage, and the state. LFC staff projected under the passage of the act, the state share will increase by 4 percent in 2025. As the state continues to increase hospital subsidies, New Mexico is in a unique position to ensure hospitals use their revenue to improve patients’ outcomes and access to healthcare.

With government revenues encompassing so much of hospital revenues, the state is in a unique position. First, the state has the ability to hold hospitals accountable and tie the accountability to state funding. Almost three-quarters of hospital revenues are government subsidies. The state is able to ensure hospitals work to improve both access and services to patients across the state. Second, because so much of the revenues that hospitals receive come

from the government, it may be possible to either reduce costs or mitigate growth of revenues that state employees pay. In both of these areas, the Legislature has the ability to impact change.

Labor and delivery cost-to-charge ratios for new mothers vary greatly across hospitals and explain hospital profitability, or lack thereof.

Analysis of hospital labor and delivery cost-to-charge ratios, how much it costs the hospital to provide the service compared to how much the hospital is charging, shows while some hospitals diligently identify the costs of delivering specific services, others are less careful and might lose money on some services. The findings raise a broader question of when to close either a portion of a hospital or the entire hospital. Research identifies the potential harms that closures may have. However, for-profit hospitals must operate profitably to succeed.

Cost-to-charge ratios for 2022 range from 4 percent to 300 percent. The cost-to-charge ratio at Presbyterian is 4 percent, meaning it is making a 96 percent profit on labor and delivery services. At the other end of the spectrum, Alta Vista Hospital in Las Vegas had a cost-to-charge ratio of 300 percent. This means that for every dollar it cost the hospital to provide labor and delivery services, the hospital lost \$3. Alta Vista Hospital stopped providing labor and delivery services in June 2022. Concerns remain for the 10 other hospitals charging less than what it costs to provide these obstetrical services.

Hospital closures have negative effects on both individuals and the broader economy. A meta-analysis of hospital closure research found “decreased income, population, and community economic growth, and increased poverty.” Additionally, when emergency services were needed, patient transportation time increased by 11 to 15.7 minutes. The state, and hospitals, will likely continue to make difficult decisions about when it is necessary to close hospitals or sections of hospitals. Little research focuses on when it is time to shutter a hospital, but it is likely a confluence of factors, including decreased workforce, utilization, and profitability. Of note, if a hospital gains a rural emergency designation—a hospital must provide specific types of services and care, such as 24-hour emergency services, but may not provide acute care inpatient services—then they will receive an additional 5 percent in Medicare funds and a monthly facility payment of approximately \$272 thousand. This may serve as a solution for small hospitals that have net losses. One hospital in New Mexico, Guadalupe County Hospital, has thus far made this transition.

Appendix A: Healthcare Quality Delivery and Access Act Maximum Grant Allocations

Hospital Name	County	Maximum Subsidy (Thousands)
Artesia General Hospital	Eddy	\$3,200.00
Cibola General	Cibola	\$4,534.00
Holy Cross Hospital	Taos	\$5,700.00
Miners Colfax Medical Center	Colfax	\$2,500.00
Roosevelt General	Roosevelt	\$5,700.00
Rehoboth McKinley Christian Hospital	McKinley	\$5,700.00
Sierra Vista	Sierra	\$2,700.00
Union County General Hospital	Union	\$5,700.00
Guadalupe County Hospital	Guadalupe	\$1,700.00
Gila Regional	Grant	\$5,700.00
Nor-Lea	Lea	\$1,866.00

Source: Laws 2024, Chapter 44

Appendix B: Breakdown of Net Gain by all Hospitals

Hospital Name	2019	2020	2021	2022
ADVANCED CARE HOSPITAL OF SOUTHERN N	-2%	-2%	7%	12%
ALBUQUERQUE - AMG SPECIALTY HOSPITAL	5%	6%	12%	Not Reported
ALTA VISTA REGIONAL HOSPITAL	2%	2%	0%	-4%
ARTESIA GENERAL HOSPITAL	-1%	2%	2%	-1%
CARLSBAD MEDICAL CENTER	7%	4%	5%	8%
CENTRAL DESERT BEHAVIORAL HH	18%	3%	6%	7%
CIBOLA GENERAL HOSPITAL	-3%	-1%	4%	-2%
DAN C TRIGG	-2%	3%	5%	-1%
EASTERN NEW MEXICO MEDICAL CENTER	11%	11%	12%	10%
ENCOMPASS HEALTH REHABILITATION HOSP	5%	-1%	-4%	-2%
ESPANOLA HOSPITAL	5%	4%	28%	2%
GERALD CHAMPION REGIONAL MEDICAL CTR	4%	3%	4%	1%
GILA REGIONAL MEDICAL CENTER	-6%	-8%	3%	3%
GUADALUPE COUNTY HOSPITAL	5%	7%	8%	1%
HAVEN BEHAVIORAL SEN CARE OF ALBUQR	-1%	0%	5%	6%
HOLY CROSS HOSPITAL	0%	0%	3%	4%
KINDRED HOSPITAL ALBUQUERQUE	0%	1%	4%	2%
LEA REGIONAL HOSPITAL	0%	3%	Not Reported	Not Reported
LINCOLN COUNTY MEDICAL CENTER	5%	7%	8%	5%
LOS ALAMOS MEDICAL CENTER	9%	7%	6%	Not Reported
LOVELACE MEDICAL CENTER- DOWNTOWN	60%	98%	91%	48%
LOVELACE REGIONAL HOSPITAL-ROSWELL	1%	1%	3%	2%
LOVELACE REHABILITATION HOSPITAL	6%	8%	8%	7%
LOVELACE WESTSIDE HOSPITAL	2%	2%	4%	2%
LOVELACE WOMENS HOSPITAL	5%	3%	3%	2%
MEMORIAL MEDICAL CENTER	3%	2%	23%	2%
MESILLA VALLEY HOSPITAL	1%	6%	5%	7%
MIMBRES MEMORIAL HOSPITAL	3%	4%	5%	5%
MINER OF COLFAX MEDICAL CENTER	-1%	2%	11%	-1%
MOUNTAIN VIEW REG MED CTR	5%	5%	6%	5%
NOR-LEA HOSPITAL	6%	10%	Not Reported	6%
PLAINS REGIONAL MEDICAL CTR - CLOVIS	5%	6%	9%	1%
PRESBYTERIAN HOSPITAL	0%	0%	-1%	-3%
REHABILITATION HOSPITAL OF SOUTHERN	7%	8%	16%	10%
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	0%	3%	-5%	-9%
ROOSEVELT GENERAL HOSPITAL	1%	5%	6%	0%
SAN JUAN REGIONAL MEDICAL CENTER	-5%	2%	6%	-1%
SAN JUAN REGIONAL REHAB HOSPITAL	-11%	6%	Not Reported	Not Reported
SANTA FE MEDICAL CENTER	-18%	-16%	-6%	-9%
SIERRA VISTA HOSPITAL	3%	10%	9%	2%
SOCORRO GENERAL HOSPITAL	-4%	-2%	2%	1%
ST. VINCENT HOSPITAL	2%	3%	7%	2%
THE PEAK HOSPITAL	1%	7%	8%	6%
UNION COUNTY GEN. HOSPITAL	4%	1%	16%	-2%
UNIVERSITY OF NEW MEXICO HOSPITAL	2%	4%	12%	0%
UNM SANDOVAL REGIONAL MEDICAL CENTER	0%	0%	1%	0%
Median	2.0%	3.0%	5.7%	1.8%

Source: Annual Hospital Reports Provided by the Health Care Authority Department

Appendix C: Healthcare Quality Delivery and Access Act Projections, Net Income, and Type of Hospital

Hospital	2022 Net Income	SB17 Allocation Estimate for FY26	Difference	Type of Hospital
PRESBYTERIAN HOSPITAL	(\$139,576,394.00)	\$87,059,342	(\$52,517,052.33)	Nonprofit
SANTA FE MEDICAL CENTER	(\$24,411,086.00)	\$7,200,042	(\$17,211,044.33)	Nonprofit
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	(\$19,588,737.00)	\$6,501,267	(\$13,087,470.33)	Nonprofit
ENCOMPASS HEALTH REHABILITATION HOSP	(\$1,036,335.00)	\$323,915	(\$712,420.00)	For-Profit
LOS ALAMOS MEDICAL CENTER	Not Reported	\$0	\$0	For-Profit
ALTA VISTA REGIONAL HOSPITAL	(\$6,086,356.00)	\$6,439,935	\$353,579.00	For-Profit
GUADALUPE COUNTY HOSPITAL	\$148,807.00	\$424,000	\$572,807.00	Government
SJRMC INPATIENT REHABILITATION UNIT	Not Reported	\$864,180	\$864,180.00	Nonprofit
UNION COUNTY GEN. HOSPITAL	(\$544,029.00)	\$1,639,967	\$1,095,937.67	Government
ARTESIA GENERAL HOSPITAL	(\$2,915,681.00)	\$5,658,170	\$2,742,489.00	Government
ROOSEVELT GENERAL HOSPITAL	(\$242,012.00)	\$2,984,580	\$2,742,568.00	Government
DR. DAN C. TRIGG	(\$210,518.00)	\$3,109,950	\$2,899,432.00	Nonprofit
ALBUQUERQUE - AMG SPECIALTY HOSPITAL	Not Reported	\$2,928,347	\$2,928,347.00	For-Profit
MINER OF COLFAX MEDICAL CENTER	(\$404,608.00)	\$3,754,910	\$3,350,302.00	Government
REHABILITATION HOSPITAL OF SOUTHERN	\$3,391,415.00	\$1,884,072	\$5,275,486.67	For-Profit
ADVANCED CARE HOSPITAL OF SOUTHERN N	\$2,808,901.00	\$3,595,415	\$6,404,316.00	For-Profit
SOCORRO GENERAL HOSPITAL	\$980,802.00	\$5,453,532	\$6,434,333.67	Nonprofit
SIERRA VISTA HOSPITAL	\$1,440,549.00	\$5,365,040	\$6,805,589.00	Government
CENTRAL DESERT BEHAVIORAL HH	\$2,301,734.00	\$5,551,453	\$7,853,187.33	For-Profit
HAVEN BEHAVIORAL SEN CARE OF ALBUQR	\$1,439,736.00	\$6,904,972	\$8,344,707.67	For-Profit
CIBOLA GENERAL HOSPITAL	(\$1,588,837.00)	\$10,754,370	\$9,165,533.00	Nonprofit
HOLY CROSS HOSPITAL	\$6,014,039.00	\$7,307,852	\$13,321,890.67	Nonprofit
LINCOLN COUNTY MEDICAL CENTER	\$7,541,338.00	\$9,248,473	\$16,789,811.33	Nonprofit
THE PEAK HOSPITAL	\$4,742,968.00	\$13,010,733	\$17,753,701.33	For-Profit
ESPANOLA HOSPITAL	\$3,737,297.00	\$17,276,525	\$21,013,822.00	Nonprofit
MIMBRES MEMORIAL HOSPITAL	\$11,763,952.00	\$9,401,510	\$21,165,462.00	For-Profit
KINDRED HOSPITAL ALBUQUERQUE	\$2,906,716.00	\$18,525,870	\$21,432,586.00	For-Profit
LOVELACE REGIONAL HOSPITAL-ROSWELL	\$6,276,901.00	\$15,740,102	\$22,017,002.67	For-Profit
LOVELACE WESTSIDE HOSPITAL	\$8,570,635.00	\$15,254,672	\$23,825,306.67	For-Profit
BHC MESILLA VALLEY HOSPITAL LLC	\$6,175,080.00	\$18,313,507	\$24,488,586.67	For-Profit
NOR-LEA HOSPITAL	\$16,022,269.00	\$9,136,357	\$25,158,625.67	Government
GILA REGIONAL MEDICAL CENTER	\$7,149,129.00	\$20,086,440	\$27,235,569.00	Government
LOVELACE REHABILITATION HOSPITAL	\$13,461,049.00	\$17,882,572	\$31,343,620.67	For-Profit
LOVELACE MEDICAL CENTER- DOWNTOWN	\$12,519,529.00	\$20,292,532	\$32,812,060.67	For-Profit
GERALD CHAMPION REGIONAL MEDICAL CTR	\$12,752,440.00	\$21,634,328	\$34,386,768.33	Nonprofit
PLAINS REGIONAL MEDICAL CTR - CLOVIS	\$4,170,310.00	\$30,655,263	\$34,825,573.33	Nonprofit
CARLSBAD MEDICAL CENTER	\$35,329,328.00	\$14,295,778	\$49,625,106.33	For-Profit
ST. VINCENT HOSPITAL	\$43,107,144.00	\$9,153,045	\$52,260,189.00	Nonprofit
SAN JUAN REGIONAL MEDICAL CENTER	(\$9,369,134.00)	\$68,086,697	\$58,717,562.67	Nonprofit
MEMORIAL MEDICAL CENTER	\$30,071,530.00	\$47,634,758	\$77,706,288.33	Nonprofit
LOVELACE WOMENS HOSPITAL	\$21,282,252.00	\$74,160,865	\$95,443,117.00	For-Profit
EASTERN NEW MEXICO MEDICAL CENTER	\$79,693,842.00	\$37,379,617	\$117,073,458.67	For-Profit

Appendix D: Nonurban and Urban Hospital Breakdown

Hospital Name	Designation
ADVANCED CARE HOSPITAL OF SOUTHERN N	Urban
ALBUQUERQUE - AMG SPECIALTY HOSPITAL	Urban
ALTA VISTA REGIONAL HOSPITAL	Nonurban
ARTESIA GENERAL HOSPITAL	Nonurban
BHC MESILLA VALLEY HOSPITAL LLC	Urban
CARLSBAD MEDICAL CENTER	Nonurban
CENTRAL DESERT BEHAVIORAL HH	Urban
CIBOLA GENERAL HOSPITAL	Nonurban
DR. DAN C. TRIGG	Nonurban
EASTERN NEW MEXICO MEDICAL CENTER	Nonurban
ENCOMPASS HEALTH REHABILITATION HOSP	Urban
ESPANOLA HOSPITAL	Nonurban
GERALD CHAMPION REGIONAL MEDICAL CTR	Nonurban
GILA REGIONAL MEDICAL CENTER	Nonurban
GUADALUPE COUNTY HOSPITAL	Nonurban
HAVEN BEHAVIORAL SEN CARE OF ALBUQUR	Urban
HOLY CROSS HOSPITAL	Nonurban
KINDRED HOSPITAL ALBUQUERQUE	Urban
LINCOLN COUNTY MEDICAL CENTER	Nonurban
LOS ALAMOS MEDICAL CENTER	Nonurban
LOVELACE MEDICAL CENTER- DOWNTOWN	Urban
LOVELACE REGIONAL HOSPITAL-ROSWELL	Nonurban
LOVELACE REHABILITATION HOSPITAL	Urban
LOVELACE WESTSIDE HOSPITAL	Urban
LOVELACE WOMENS HOSPITAL	Urban
MEMORIAL MEDICAL CENTER	Urban
MIMBRES MEMORIAL HOSPITAL	Nonurban
MINER OF COLFAX MEDICAL CENTER	Nonurban
MOUNTAIN VIEW REG MED CTR	Urban
NOR-LEA HOSPITAL	Nonurban
PLAINS REGIONAL MEDICAL CTR - CLOVIS	Nonurban
PRESBYTERIAN HOSPITAL	Urban
REHABILITATION HOSPITAL OF SOUTHERN	Urban
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	Nonurban
ROOSEVELT GENERAL HOSPITAL	Nonurban
SAN JUAN REGIONAL MEDICAL CENTER	Nonurban
SANTA FE MEDICAL CENTER	Urban
SIERRA VISTA HOSPITAL	Nonurban
SJPMC INPATIENT REHABILITATION UNIT	Nonurban
SOCORRO GENERAL HOSPITAL	Nonurban
ST. VINCENT HOSPITAL	Urban
THE PEAK HOSPITAL	Urban
UNION COUNTY GEN. HOSPITAL	Nonurban

Source: New Mexico Hospital Association