



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Dana Flannery, Medicaid Director

Health Care Consolidation Oversight Act Post-Transaction Oversight Form

Section 24A-9-8 NMSA mandates that the person who acquired control over the hospital or independent health care practice through an approved or conditionally approved transaction submit reports to the Health Care Authority for three years after approval or conditional approval. This report must be submitted using this form and must (1) describe compliance with conditions placed on the transaction, if any; (2) describe the growth, decline and other changes in services provided by the person; and (3) provide analyses of cost trends and cost growth trends of the hospital.

Date proposed transaction was originally approved:

Business Name:

Owner Name (if different from business name):

Reporting Period:

Section 1—Compliance With Conditions

Describe the elements of your original proposed transaction you submitted:

Are there any changes to the information provided in your original notice?

Were there conditions on the approval you received? YES NO

If yes, what were the conditions, and how have you met those requirements?

Section 2—Services Provided and Any Change

Service Category	Increase/Decrease/ No Change	Explanation of deviation from proposal

Narrative explaining Service Changes noted above if needed

Section 3—Cost Trends

Annual Period	Total Operating Cost	Change from prior year
Year Prior to transaction		
1 st year post transaction		
2 nd year post transaction		
3 rd year post transaction		

Narrative on Cost Analysis

I certify that the information provided in this report is true, complete, and accurate to the best of my knowledge.

Authorized Representative Name and Title:

Signature:

Date:

Submit this form with your original HCA approval attached