

- 1 Crane: Okay, thank you ladies and gentlemen. Ms. Montana has asked to have a  
2 moment to clarify something about the permitted land uses, go ahead Ms.  
3 Montana.  
4
- 5 Montana: Thank you Mr. Chair, Commissioners. I said earlier that the R-4c zone  
6 would have the assisted living facility and the tennis courts only, that's not  
7 the case. As the applicant described it would also have the rehabilitation  
8 facilities, the gymnasium, health, exercise, sports instructions as part of  
9 the R-4c as well. Thank you for that.  
10
- 11 Crane: Thank you. All right I'd like Mr. Stevens and Ms. Potter to come up and  
12 have a chat for a minute just to the podium please. I understand you both  
13 want to make a ... over there so you get on the record. I understand you  
14 both want to make 10-minute presentations.  
15
- 16 Stevens: I'm asking for 10 minutes for me, 10 for Eva Booker, and 10 for Connie  
17 Potter due to the size and scope of this whole thing.  
18
- 19 Crane: I've also been told that Ms. Potter's presentation is going to telescope two  
20 of the 10-minute ones.  
21
- 22 Stevens: No, 10 minutes for each.  
23
- 24 Crane: Ms. Montana.  
25
- 26 Montana: You're not sharing yours with Ms. Eva?  
27
- 28 Stevens: I want her to push the buttons for me, yes, but I want her to present 10-  
29 minutes too.  
30
- 31 Montana: Oh, I'm sorry.  
32
- 33 Crane: Okay. Who is the third person?  
34
- 35 Stevens: Eva Booker.  
36
- 37 Crane: Is she here?  
38
- 39 Stevens: Yes.  
40
- 41 Crane: I'm sorry. Ma'am would you please get on mike.  
42
- 43 Potter: Mr. Stevens, Eva Booker, myself.  
44
- 45 Crane: Okay.  
46

1 Potter: In that order.  
2  
3 Crane: All right, now you three represent what organization?  
4  
5 Stevens: Country Club Neighborhood Association.  
6  
7 Crane: The three of you.  
8  
9 Stevens: I'm the president.  
10  
11 Crane: Have you all got different presentations?  
12  
13 Stevens: Yes we do.  
14  
15 Crane: And how many people do you represent? Do you officially represent your  
16 membership?  
17  
18 Stevens: The membership is 50 members, mostly dual membership, about 80  
19 people.  
20  
21 Crane: You say dual membership, you mean (inaudible).  
22  
23 Stevens: Well a man and wife or whatever.  
24  
25 Crane: Okay. And you speak officially for them?  
26  
27 Stevens: Yes I do.  
28  
29 Crane: All right, just hold it there a minute please. May I see a show of hands for  
30 other members of the public who would like to address the Commission?  
31 Please hold them up and the secretary and I will count. What've you got?  
32  
33 Beard: Fourteen.  
34  
35 Crane: Fourteen, I got 15. Okay. It could be a long evening. Are you quite  
36 convinced you three that you have to have 10 minutes each? What  
37 convinces you of that?  
38  
39 Stevens: Yes we are.  
40  
41 Crane: You've got a speech written out you've performed before the mirror.  
42  
43 Stevens: We have a slide show.  
44  
45 Crane: I'm sorry.  
46

- 1 Stevens: We have a slide show. And you know ...  
2
- 3 Crane: Very well, I'm going to let you do it. But please 10 minutes only and  
4 please bear in mind that the Planning and Zoning Commission only  
5 passes on matters of appropriate land use. We are not here to judge  
6 whether this is going to be a viable commercial enterprise or what the  
7 ethics of the people who are proposing this set up are. It's strictly a land  
8 use matter, so please expunge from your presentation and the same goes  
9 for members of the public anything that doesn't address this land use  
10 issue. We've already heard a few things like that. I'd also say if you find  
11 yourself repeating other people's work say it's already been covered by  
12 somebody, that again goes for members of the public. It's okay to come  
13 up and say I completely agree with the person who just spoke, that is your  
14 right and privilege to do it and we're glad to hear from you, but please  
15 don't spend your time repeating that person's arguments. Our secretary  
16 will time the public three minutes apiece and I will ask him also to time  
17 these folks 10 minutes apiece. Okay, so you have 10 minutes each and  
18 please keep it to 10 minutes.  
19
- 20 Shipley: Mr. Chairman.  
21
- 22 Crane: Mr. Shipley.  
23
- 24 Shipley: I have a question. Could you ask them to tell us what the difference in the  
25 three presentations? In other words what ...  
26
- 27 Crane: I'll ask Mr. Stevens, what's your topic?  
28
- 29 Stevens: It's ... I'd like to get the slides up here first of all but I need help for that.  
30 There we go. Okay. Are you going to hang in here?  
31
- 32 Crane: Just give me your topic.  
33
- 34 Stevens: Could I have Eva push the buttons for me to get these slides moving?  
35
- 36 Crane: Your topic is what?  
37
- 38 Stevens: The Country Club Neighborhood Association number one and our position  
39 is we want smart development, smart growth, sensible development.  
40
- 41 Crane: Okay, and ...  
42
- 43 Stevens: Next picture.  
44
- 45 Crane: This lady, your, what your topic is?  
46

- 1 Stevens: She's pushing the buttons for me.  
2
- 3 Crane: I understand. When you speak what are you going to be speaking about?  
4
- 5 Booker: I'll be speaking about how we believe the zoning code requires more  
6 complete analysis of the entire 110-acre development primarily.  
7
- 8 Crane: Ms. Potter, what do you plan to speak about?  
9
- 10 Stevens: Does this count against my 10 minutes now?  
11
- 12 Crane: No sir.  
13
- 14 Potter: Thank you. I, Connie Potter, am going to speak about particularly the  
15 hospital, the medical complex, and I'm going to speak about the helipad a  
16 little bit, one slide. I am going to speak about the economic impact of this  
17 facility based on data that has been presented by the hospital association  
18 and some other sources which you already have.  
19
- 20 Crane: It sounds to me Ms. Potter if you're going to get into that area that we're  
21 not really qualified to pass on, but let's face that when we come to it.  
22 Does that answer your question Mr. Shipley?  
23
- 24 Shipley: Yes sir.  
25
- 26 Crane: Okay, sir the floor is yours, Mr Stevens.  
27
- 28 Stevens: Thank you very much. Susana Montana told you about our organization  
29 so I don't have to explain who we are. We're all around the neighborhood.  
30 So slide number two please. This I want to point out ... is there a mouse?  
31 There we go ... the townhouses, I want to point out the townhouses. We  
32 got that out of there, too bad. My point here is that we're going from R-1  
33 residential to C-3 commercial, that's a big jump. And 80-foot setbacks,  
34 let's go to the next picture. There. This is kind of personal, the view out  
35 my back door. To give you an example of what 40-feet is, the top picture,  
36 the tree on the left is 40-feet from my property line. So 40-feet is not very  
37 far. Mr. Pofahl has been in my house several times. He has always  
38 commented on what a lovely view we have and that's the view we have  
39 now and in the future we're going to have 80-feet, 40-foot barrier, 80-foot  
40 buildings. I proposed, or we proposed to the developer breaking this up  
41 into something from the townhouses that's approximately ... the green  
42 space is approximately 2.75-acres. They could put a small park in there  
43 and upscale houses bordering that. And he said his developers or his  
44 partners said no to that proposal because they couldn't afford that much  
45 green space and it might lower the property values of the properties  
46 around us. I don't quite agree with that. I want to quote from the city's

1 comments (inaudible), they would like two to six acre parks and they  
 2 would encourage a development that "considers usage, fit within the  
 3 neighborhood and environmentally friendly design". It also mentions to  
 4 "preserve and respect scenic views, sights, and corridors in a manner that  
 5 reasonably compensates, provides incentives, maintains similar existing  
 6 property rights, or in another similar manner that balances the public and  
 7 property owner interests".

8 We've worked with two developers before this, we've done this for  
 9 six years now people. And the first developer was Mr. Philippou, second  
 10 one Mr. Moscato, and Mr. Philippou would propose for this whole 110-  
 11 acres and I know we're talking about 30-acres here but Mr. Pofahl did  
 12 mention the 110-acres. Mr. Philippou wanted to put in two-thirds of it in  
 13 green space. Mr. Moscato, 50% green space. This is wall-to-wall infill.  
 14 So, we tried to give the developer suggestions on how to add some  
 15 amenities to this property such as from the Centennial Park in Minnesota,  
 16 paddle wheel boats, 18-hole miniature golf course, and those figures on  
 17 that, I didn't look them up again, the paddle wheel boats did \$50,000 last  
 18 year. The miniature golf course did \$198,000 and those are five months  
 19 seasons. Down here you have a 12-month season.

20 I have a connection up in Albuquerque, Leonard Berg, runs five golf  
 21 courses and two driving ranges and I suggested that Mr. Pofahl contact  
 22 him about what a driving range could do here and Mr. Berg said it would  
 23 \$200,000 a year. Mr. Pofahl didn't contact him. So, in closing Mr. Pofahl  
 24 said in his last meeting if he doesn't get his 30-acres rezoned he'll  
 25 probably build the complex someplace else and I would suggest that the  
 26 city has lots of land for sale, so maybe they can make some kind of a deal.  
 27 Thank you for your time. And if I have some time left I'll (inaudible) to Eva  
 28 and Connie.

29  
 30 Crane: Okay sir you just went five minutes, so you have a little more slack ma'am.  
 31 Please introduce yourself.

32  
 33 Booker: My name's Eva Booker. I'm a resident of the country club neighborhood  
 34 and a member of the Country Club Neighborhood Association. First of all  
 35 I want to make it clear that CCNA does not want an abandoned golf  
 36 course as the gateway to the country club neighborhood, that's not our  
 37 objective. At our most recent meeting on June 10th, the members voted  
 38 unanimously in favor of sustainable development of the country club  
 39 property that is safe and consistent with the neighborhood character. And  
 40 as John mentioned they have been working with developers since 2006,  
 41 so we are trying to work to achieve a development that is compatible with  
 42 the neighborhood.

43 Our main concerns, it kind of groups into five categories; the  
 44 primary concern is that the entire 110-acres should be considered as  
 45 planned unit development as it was originally filed. The second point is  
 46 that 30-acre zoning application is incomplete. Third that C-3 and R-4

1 zoning is too high for the entire site. And then we also have some  
2 concerns about the feasibility of the proposed hospital which Connie will  
3 discuss in her remarks. We do have some concerns about the developer  
4 and an investor that has been recruiting other investors but we are not  
5 going to discuss that in this presentation. We do have some information  
6 on that in our written comments. Sorry, I've got to grab my water.

7 The developers filed a planned unit development concept plan on  
8 March 4th with the city and the city raised numerous concerns related to  
9 that. First was that there were no waiver requests for the design  
10 deviations that were being asked for and the city requested a development  
11 schedule for the phases of the project and the total build out as well as a  
12 number of different drawings and plans including open space plan, flood  
13 plan, noise impacts, and ADA compliance. There were also a number of  
14 issues related to the traffic as has been previously discussed, the need for  
15 a second entrance. The original drawing or layout that was presented with  
16 the PUD concept plan included relocation of Apodaca Park and  
17 realignment of Madrid Avenue for that purpose. The city let them know  
18 that that wasn't an option because they didn't own that property and so as  
19 you see the current version includes taking a corner of Apodaca Park and  
20 coming out on Madrid and Solano at the north intersection there. Also  
21 driving lanes and sidewalks were too narrow, bike lanes were insufficient,  
22 parkways inadequate for the promised trees. There are no vehicular,  
23 bicycle and pedestrian circulation plans, no street illustrations, and no  
24 traffic mitigation plan to keep nonresidents off country club minor  
25 residential streets.

26 Instead of responding to the city's comments on its PUD application  
27 a zoning application was submitted on April 22nd for the 30-acres which  
28 represents phases one and two of the PUD. The developer as you know  
29 just went over that layout and showed it to everyone so as you can see  
30 they're still planning on developing the entire 110-acres. Our position is  
31 that we should be looking at the entire 110-acre development for a  
32 thorough assessment of economic, environmental, social, and traffic  
33 impacts. The zoning code seems to support that position. Section 38.49  
34 of the zoning code states that "the PUD process shall be required for  
35 those proposed developments that are to be subdivided and multi-phased  
36 and that request three or more deviations to planning related minimum  
37 development standards". This is definitely a project that is subdivided and  
38 multi-phased and is requesting three or more deviations to planning  
39 related minimum development standards based on the concept plan that  
40 they submitted. The code also states "all contiguous property owned or  
41 legally controlled by the developer shall be included within the PUD".

42 Also concerned that the current zoning application is incomplete.  
43 Again referring to the zoning section 38.10 requires applicants appearing  
44 before the Planning and Zoning Commission for zoning district changes,  
45 special use permits, planned unit developments, and variances to include  
46 within their site plan with an adequate scale with improvements and

1 setbacks, architectural renderings, and dimensions of buildings, vehicular,  
2 pedestrian, and bicycle circulation, landscaping, open space, and  
3 drainage facilities plans, site lighting and signage, and an environmental  
4 impact statement. None of that has been submitted with this application.

5 Surprisingly the city's planning staff has recommended conditional  
6 approval but references the need for construction drawings and a traffic  
7 study as was mentioned earlier that would be required before permits are  
8 issued, but after zoning has already been approved. And utility master  
9 plan for the entire 110-acres before certificates of occupancy could be  
10 issued. It's our position that the above should be provided before  
11 approval of a zoning change not after.

12 Another concern is that C-3 and R-4 zoning is too high density for  
13 the entire property. Susana went through this existing zoning chart so you  
14 can see again clearly it's primarily residential in the country club  
15 neighborhood. The existing golf course which is ... and the park is to the  
16 south and the west. The only other zoning along the Madrid and Solano,  
17 I'm sorry I don't know how to use the pointer there, is C-1 and C-2, the  
18 only other C-3 is interspersed with C-2 along Main Street. So we feel that  
19 C-2 development would be sufficient for the one story hospital that the  
20 developer says it intends to build. We had a slide ...

21 Okay traffic issues, in the zoning application itself the developer  
22 estimates 6,950 trips per day into the site. An existing traffic study shows  
23 the streets in the country club neighborhood are already used frequently  
24 by nonresidents to get to school in east Las Cruces. The residents are  
25 concerned about ambulances and other traffic using neighborhood streets  
26 and posing a safety hazard to children and elderly. The country club  
27 neighborhood is primarily made up of retired people and young families  
28 that are moving in as retired people transition.

29 We also have concerns about drainage issues; Madrid to Mesquite  
30 is a flood plain zone. This highly concentrated, intense development will  
31 alter this land from 10% retention to plus 30% runoff, a 40% increase.  
32 And Madrid and Solano are already inadequate for runoff.

33 And finally as one of the Commissioners brought up, our biggest  
34 fear is that this is a Trojan horse, if the hospital isn't built but the land  
35 continues to carry the C-3 and R-4 high intensity zoning. We prefer to  
36 look at the entire project, entire zoning and address it as one project as it  
37 is. We don't want to be in the same position as for example the recent  
38 Indian Hollow which was zoned for a mini Trader Joe's, C-3, that  
39 developer decided to build elsewhere and now it's going to be a liquor  
40 store. So now I will turn it over to Connie.

41  
42 Crane: Thank you Ms. Booker. One moment please. You raised a number of  
43 points which the city in the form of Ms. Montana may be prepared to rebut  
44 or comment on. Do you have anything you want to say about the, for  
45 example the city's views of the PUD?  
46

- 1 Montana: What you have before you is the rezoning application, the PUD is moving  
2 along in its review process. A lot of the comments that were shown in the  
3 slide were City comments on the PUD. The applicant has not submitted a  
4 response to comments and a second submittal. We expect that they  
5 would address all those comments with a second submittal. For the  
6 rezoning we believe that the applicant did not submit his site plan with the  
7 rezoning application, so it's just a gross rezoning within which there are no  
8 property lines, there are no building pads, none of that, and we could not  
9 do an analysis of the traffic impacts on that kind of gross rezoning/foot  
10 print so to speak and we didn't find it necessary to do it at the rezoning  
11 stage. We are requiring those studies with the first either building  
12 application or subdivision application which we do feel is adequate.  
13
- 14 Crane: So that all comes later. If the zoning change goes through.  
15
- 16 Montana: If the zoning is approved.  
17
- 18 Crane: Thank you. Thank you Ms. Booker.  
19
- 20 Booker: Thank you.  
21
- 22 Crane: Ms. Potter. And you have your 10-minutes.  
23
- 24 Potter: She didn't go under, so I don't have any left over from John.  
25
- 26 Crane: Actually she did so you've also got a little slack.  
27
- 28 Potter: A little slack would be helpful. I have had three strokes. I've had heart  
29 surgery. I'm having heart surgery again July 15th. The more pressure I  
30 have on me the more my speech is affected, the more I stutter and the  
31 more trouble I have finding words. So let's make it easy on all of us.  
32
- 33 Montana: Would you like to have a seat?  
34
- 35 Potter: No, I'm fine. I can stand.  
36
- 37 Crane: The chair will be gentle.  
38
- 39 Potter: I appreciate the time and the thought that you're giving to this application  
40 and to the CCNA's issues with this application. I'm a resident. My  
41 husband and I own two homes in Las Cruces. We've been taxpayers here  
42 since 1993. I've been a nurse for 45 years. It's really hard to separate all  
43 that. My background's open heart, critical care, flight nursing. I founded a  
44 flight service. Bell on rancher 421 Cessna. I've been the trauma system  
45 manager for the state of Oregon. I was the ER and trauma director for  
46 R.E. Thomason when there was only one hospital here and I lived here. I

1 have stood before the City Council and asked for a trauma center for six  
2 years. So when we talk trauma talk to me. I'm senior vice-president of a  
3 healthcare consulting national company. I'd done CDC studies, I've done  
4 HICFA studies, and I'm CEO and founder of a national nonprofit that I  
5 brought to this city that's brought in over tens of millions of dollars since  
6 2005. I'm now retired. I'm speaking as a CCNA founder, co-founder with  
7 John. I was its first president and I'm now chair of the infrastructure  
8 committee. I'm also patient. I got out of the hospital coronary care unit  
9 less than a month ago and I'm going for surgery again, so I beg your ...  
10 whoops, oh my gosh. Okay, wrong button.

11 Okay, first of all I want to emphasize this is an application for a  
12 hospital. This is a zoning application for a hospital. There is no need for  
13 another hospital in Las Cruces. I have data for you, 2011 data, the most  
14 recent data shows total out migration since Mountain View was built has  
15 dropped from 25% to less than 7%. El Paso 5%, excluding OB which  
16 Galichia Medical Center, this new boutique medical center will not provide,  
17 nor trauma care. Much of this out migration is at the convenience of  
18 extended families, that's why I'm going to Portland, Oregon again, besides  
19 the fact that's where my heart surgeon is. Albuquerque 1.8%. Much of it  
20 trauma although most of it goes to Thomason UMC. You see these, 13  
21 trauma, burns trauma, TBI trauma. The source of this is the American  
22 Hospital Association dot Commissioner, Solucient, and the Texas  
23 Healthcare Information Council. This is in your packet. Well studied  
24 impact on safety net hospitals and the two existing hospitals I am going to  
25 tell you are safety net hospitals. They qualify. Okay. The increase of cost  
26 to care when speciality limited service hospitals enter the market is well  
27 researched. The McManus Consulting Group and American Hospital  
28 Association etc. have all looked at these and I'm going to focus on only  
29 two. I'm not going to insult your intelligence or anybody in this audience  
30 by dumbing down these slides. I think that everybody here can  
31 understand what this is about and what physician investor speciality  
32 hospitals do. Physician investor, I'm using that term, not owned, and  
33 we're going to get into that, direct or indirect, opened in '95 to 2005 in four  
34 communities, three of whom had two safety net hospitals just like us.  
35 Never mind Oklahoma City, thank God they were there for the tornados.  
36 Key factors in physician speciality investor hospitals are this, they select  
37 patients by redirecting the physicians practice and this is an IPO, you all  
38 know what that is, for investors for a certain surgery center in the Black  
39 Hills. The ability to schedule consecutive cases without preemption by  
40 emergency procedures. So you don't have trauma coming in, you don't  
41 have you know messes, train wrecks that we used to get from you guys  
42 and gunshot wounds from Juarez. Patient selection tactics yield high  
43 profits. This is documented, this is out there. You don't even have to  
44 hardly look for it. They focus on well reimbursed procedures; cardiology,  
45 neurology, spine. Focus on patients with good reimbursement, private,  
46 Medi/Medi okay, Medicare/Medicaid, and Medicare supplemental. They

1 avoid emergency cases. They are allowed because of EMTALA, the  
2 emergency medical transfer and labor act, requires that receiving  
3 hospitals, safety net hospitals must accept or undergo huge fines, \$50,000  
4 a case, for refusing a referring hospitals transfer of a patient that they can't  
5 care for 24/7. Now they say they've got 24/7 coverage, does that mean ...  
6 I'm going to get into that. OB, peds, all these other specialities, likely not.  
7 So they avoid emergency cases and they focus on patients in overall good  
8 health. This is the business model. Physician investors move patients at  
9 will to their hospital. The Galichia hospital prospectus that was given to  
10 the city manager that's out there for your perusal talks about physicians  
11 working at their hospital. At Bryan LGH in Lincoln they started out in '99  
12 with over 1,500 cardiac procedures. They were an excellent heart  
13 hospital, so a level one trauma center, the only one in eastern Nebraska.  
14 By '04 after the Nebraska Heart Institute opened its new heart hospital,  
15 they only had 60 cases. One great cardiac program became two good  
16 programs according to the faculty at that hospital. Focus on well  
17 reimbursed procedures is also very well researched. Four heart hospitals,  
18 three neurosurgery hospitals, four general surgery hospitals, look at the  
19 net income per case. I will tell you that most of the cases we got at R.E.  
20 Thomason and UC Irvine where I ran the ER medical center and the  
21 trauma program, they were a minus.

22 Physician investor speciality hospitals serve more commercial and  
23 few Medicaid patients. They leave the safety net hospitals at risk with a  
24 predominance of Medicare, Medicaid, and self-pay. Documented, fact.  
25 They offer limited emergency services. They especially don't like OB,  
26 peds, complex medical, so they transfer them and the other hospitals have  
27 to accept them under EMTALA. Ready or not. Specialty hospital entry  
28 point is through physician offices that can prescreen for complexity, core  
29 morbidity, and do a thorough wallet biopsy. Refer complex cases to  
30 tertiary safety net hospitals at their financial risk. They have a higher profit  
31 margin 3-7%. Community hospitals profit margin is zero. When I was in  
32 the hospital recently I was told my ... the hospital I was a guest in was  
33 losing a million dollars a month here. Focus on profits not patients. I  
34 would like you to listen carefully to this quote from Larry Teuber, founding  
35 partner of Black Hills Surgery Center at a medical surgeon's annual  
36 meeting. "And the last thing and the easiest thing is money. There will be  
37 a lot of money out there ... Why go to a surgical facility? Profit, profit,  
38 profit." Impact is declining finances and resources at safety net hospitals.  
39 The physicians at Bryan LGH said "The Nebraska Heart Hospital doesn't  
40 provide anything we don't already have in the community". Ask these  
41 other hospitals. Is this bringing something new here? The answer is no.  
42 Fragmentation occurs out of business, erodes margins, and puts quality at  
43 risk. Net incomes at safety net hospitals dropped drastically. Wesley  
44 Medical Center in Wichita, the net income fell \$16 million dollars the year  
45 after the opening of Galichia Heart Hospital. Rapid City, net income fell  
46 \$18 million after opening Black Hills. Interestingly enough Black Hills

1 surgery centers income group grew by the exact same amount. Now I'm  
2 going to tell why. Safety net hospitals cut staff and patients have access  
3 problems. The key physician investors owners opt out of emergency call.  
4 You have to pay them lots and lots and lots of money. In Oklahoma the  
5 trauma system nearly fell apart and the Bishop and Associates, a  
6 company I was senior vice-president of engineered a six million dollar  
7 Medicaid taxpayer bailout to keep them open. Critical unprofitable services  
8 are cut at the safety nets. Behavioral health, trauma, subsidized services  
9 for low income, read them, medical education. More borrowing occurs at  
10 the safety nets and their bonds are downgraded. Now Wesley at Wichita  
11 laid off a 120 FTEs in '01, the year after Galichia opened, 54 more in  
12 2003. Galichia's hospital was 55 beds. Most of these speciality hospitals  
13 are eight to 60 beds. They are not huge. They're one story, they're  
14 boutique. They sold occupational health. They closed two research  
15 programs. They closed the outpatient pharmacy. They downsized  
16 anything else that they couldn't make money on, but they still had to  
17 increase salaries because they were competing for staff. I'm going to tell  
18 you about New Mexico staff. We've got trouble here. Speciality hospitals  
19 decrease utilization at safety net facilities and increase overall cost of  
20 care. And I'm going to tell you why this part of your zoning requirements  
21 here; this now doubles or more the capital investment in the community to  
22 provide the same services. That a senior manager at Blue Cross.  
23 Specialty hospitals raise issues of over utilization. Outpatient surgeries in  
24 Black Hills went up 120%, inpatient by 50, there are benchmarks that  
25 show you that this happens every time these folks move in. Rapid City hit  
26 the 99th percentile for back surgery.

27 I want to speak to the helipad issue because I'm a flight nurse and  
28 I'm still here cause I'm not stupid. Air medical crashes are 14 times that of  
29 general aviation. I draw your attention to an issue of Flying Magazine that  
30 came out two days ago, take a look. Research shows no better outcomes  
31 from air versus ground, none. It doesn't help. Cost is \$25,000 a flight. It  
32 costs \$30,000 to come from Alamogordo to here. Data shows that  
33 hearing damage occurs at 80 decibels. A jackhammer is 90, a landing is a  
34 120. Structural damage occurs to neighboring building because of the  
35 shaking. Loss of property values has been documented the closer you get  
36 to the source of the noise. Now, trees and high-tension lines make this an  
37 inherently unsafe landing site. My Bell long ranger Vietnam Vet pilot and I  
38 would no more landed on that facility with trees and high tension power  
39 lines than we'd landed on the moon. Other hospitals in this city are only  
40 averaging 30 flights a month. Flights over residential neighborhoods,  
41 parks, and schools are inherently unsafe. Need I say more? Thank you.

42 The MVEDA revenue forecast, you can throw it out. MVEDA didn't  
43 consider that few or none of these patients, visits, procedures would be  
44 new to the community, five percent to six to 7.7 percent out migration.  
45 Staff and physicians that were in that study are already in practice here  
46 and paying taxes. The income and revenue stream is going to come from

1 existing practices and patients already being treated here. Now so I put  
 2 this all in red ink because all you need to read is based on flawed data,  
 3 monies will be scavenged, the other term we use in healthcare economics  
 4 is cannibalized but that's not proper, from safety net hospitals which will  
 5 have equal or greater net losses. These are facts. Here again, red ink,  
 6 red ink. So rather than a net gain or even a zero sum effect based on  
 7 household incomes and physician practice collections, the developer has  
 8 utilized in a misleading fashion the MVEDA estimates regarding new jobs,  
 9 new state and local taxes, and could be considered intellectually dishonest  
 10 because they do not subtract the losses at the two existing viable  
 11 hospitals. Memorial running at 50% occupancy. Close. My nurse was  
 12 sent home at midnight, middle of her shift because there weren't enough  
 13 patients. From whence physicians, staff, and patients will be selectively  
 14 transferred within the city to a new physician investor specialty hospital.  
 15 MVEDA has clarified this for your public record. It's in there.

16 So in summary, there's no need. The cost of labor is going to be  
 17 extreme. We already have a severe nursing shortage. New Mexico's  
 18 short 3,000 nurses. We compete with El Paso already and the closure of  
 19 Dona Ana Community College has exacerbated this program. The  
 20 physician community is short 2,000 physicians for the upcoming affordable  
 21 care act. And this is a very divisive situation once these healthcare  
 22 situations occur. So here is the question that I have to leave, economic  
 23 development element to zoning, goal number one, to provide strong  
 24 development, policies, allow the retention, expansion and attraction of  
 25 existing and new businesses, and industries to Las Cruces. So the  
 26 fundamental zoning question is how does a third hospital with no new  
 27 healthcare services, utilizing and shifting the same physicians and hospital  
 28 work force in a community with significant excess capacity and only seven  
 29 percent outmigration meet this important criteria for approval? Does it  
 30 retain and expand Memorial Medical Center and its vital services? Thank  
 31 you.

32  
 33 Crane: Thank you. That was an interesting presentation. Not quite relevant to  
 34 what we're doing here, but this goes further as you know to City Council  
 35 and I think they will be very interested to hear that presentation as well.  
 36 Will that be possible? Depends on your ...

37  
 38 Potter: Will it be possible what?

39  
 40 Crane: For you to make that presentation later to the City Council?

41  
 42 Potter: The City Council's meeting is actually scheduled for when I am recovering  
 43 from my heart surgery. And I don't know of frankly anybody else that can  
 44 explain this, but perhaps one of you would like to take it on or someone  
 45 from the city. I would also invite one of the CEOs of the hospitals to do  
 46 this same talk.

- 1  
2 Crane: Well it's not quite for me to say, but I think it would be better coming from  
3 one of your neighbors on the Country Club Neighborhood Association.  
4
- 5 Potter: If I can do it remote, I have done that. I have interviewed with the Wall  
6 Street Journal's health editor while I was in coronary care recovering from  
7 my last surgery.  
8
- 9 Crane: Well ma'am in that case the City Council should be a push over. Thank  
10 you. Okay, members of the public. Do you have something to say Ms.  
11 Montana?  
12
- 13 Montana: Oh no, I'm just changing the slide.  
14
- 15 Crane: You can line up if you like or you can just rely on me to pick one of you  
16 when your hand goes up, and trust ... yes Mr. Beard.  
17
- 18 Beard: I'd like to explain how this timing is going to go. You'll see a green light,  
19 that means you have one minute left. You're going to have three minutes  
20 to talk. Green light comes on with one minute, the orange light comes on  
21 at 30 seconds, the red light is 3 minutes.  
22
- 23 Crane: Then Guido comes in. Please identify yourself.  
24
- 25 King: Richard King. With the presentation that's has been sited and the  
26 previous presentation but talking about the traffic study I would disagree  
27 with Ms. Montana and the proposed, probably for the infill there's proper  
28 infrastructure around the hospital, but the construction of it, my concern is  
29 on North Main Street/Highway 70, Camino del Rex on which I live on and  
30 Country Club Circle the corner, and then Madrid extension up there the  
31 school and everything. I am ... the zoning, if the zoning is changed ... I  
32 think it needs to be tabled till the traffic impact study comes in. Traffic  
33 right now on Highway 70 is congested at best, but with the construction of  
34 the hospital and the nursing facility I think it's going to complicate Highway  
35 70 and certainly people right now from Triviz are coming down to Camino  
36 del Rex to avoid Elks Club and North Main Street and so my  
37 recommendation to the Commission is that at best table this until the  
38 traffic impact study comes back, cause once again supposedly the state is  
39 supposed to start on Main Street/Highway 70 from Juniper to Three  
40 Crosses, signs went up and signs went down. That has nothing to do with  
41 this proposal, but once again I think the traffic impact study is vital for this  
42 project to go forward. The drawings certainly showed what the boulevard  
43 affect. In the infill there are enough streets and stuff but Highway 70,  
44 Camino del Rex, Madrid, and stuff like that I'm very concerned about the  
45 traffic impact from this particular development. Thank you.  
46

- 1 Crane: Thank you sir. Another person, lady coming up here right now.  
2
- 3 Haynie: Good evening. My name is Billie Haynie. I'm a townhome owner. My  
4 husband and I own a home at 880 Camino del Rex. I'm a member of the  
5 County Club Neighborhood Association and I strongly support the  
6 rezoning request put forth in front of you today. I strongly disagree with  
7 the opposition presented by our president John Stevens. I feel that he is  
8 out of touch with the members of his association, the Country Club  
9 Neighborhood Association. He has not sent out a survey to ask us how  
10 we feel or how we want him to represent us. He does not know what we  
11 want and does not speak for my husband, myself, and a lot of my  
12 neighbors. Today you received petitions in support of the Park Ridge  
13 project. My townhome neighbors will be greatly impacted by the project  
14 and we have collected 14 out of 18 homeowners signatures in support of  
15 the rezoning and of this project. In addition ... I'm sorry, we have  
16 collected 260 signatures in total from our neighbors, our association  
17 members, and the Las Cruces residents as a whole supporting this  
18 rezoning and the Park Ridge project. John Stevens has presented his  
19 own plans to the developer and today on the overhead projector and has  
20 not shown them to us for our approval. By his own bylaws, by the bylaws  
21 of the CCNA it states that this association mission has been developed to  
22 support the development of premiere park. Those bylaws are not being  
23 followed. Our bylaws do not direct the opposition of development of the  
24 Las Cruces Country Club property. Tonight Mr. Stevens has stated that  
25 he has 80 members, yet his slide shows that he represents 700 homes.  
26 That's very misleading. I ask you to please look over the petitions. My  
27 neighbors association members, there are a lot of us here that are in  
28 support. Thank you.  
29
- 30 Crane: Thank you ma'am.  
31
- 32 Hanson: Good evening my name is Harry Hanson. I'm a property owner on  
33 Camino del Rex 870. As an owner of a home adjacent to the proposed  
34 medical center I am excited about the plans to transform the deteriorating  
35 golf course property into a moderate medical facility. The neighborhood  
36 will be much enhanced with a new hospital, rehabilitation, and assisted  
37 living facilities. It will provide a positive economic impact for the area  
38 creating jobs and increased demand for housing in our neighborhood. I  
39 believe this is a good thing and will have a positive impact on my  
40 property's value. This will also be a significant city infill project providing  
41 millions of dollars in new property and gross receipts taxes to support city,  
42 county, and schools. As a real estate appraiser for over 40 years I know  
43 that large vacant land tracts are best developed under the concept of  
44 highest and best use. For a property like the golf course this usually  
45 means developing the frontage areas that have the most exposure for  
46 commercial, retail, office uses, and the rear portions to less density such

1 as multi-family and single-family residential. The concept being put  
2 forward at Park Ridge includes developing some of the interior area also  
3 for commercial uses including the hospital and medical facilities and  
4 offices. This is an excellent plan. And the diverse uses within the  
5 development together with the plan; walking trails, bike lanes, and open  
6 space should prove to be a welcome change to a declining neighborhood.  
7 We need more medication facilities in Las Cruces in my opinion. They  
8 attract retirees, half of the people I know over 50 go to Tucson or Phoenix  
9 to get medical help. We need more special care facilities in Las Cruces. I  
10 am very much in support of the zone change and the Park Ridge  
11 development. Thank you for the opportunity to speak.

12  
13 Crane: Thank you sir. Gentleman in the white shirt.

14  
15 Jaramillo: Mr. Chairman, members of the committee. I'll introduce myself in just a  
16 moment but I first want to thank you for giving me the opportunity to speak  
17 to you in regards to the proposed Park Ridge development plan and I  
18 promise to be brief. My name is Ray Jaramillo and I'm the director of  
19 Alpha School for young children. Alpha School is a five star nationally  
20 accredited childcare center who has been caring and educating young  
21 children in Las Cruces for over 30 years. I have worked at Alpha School  
22 for 19 years. Alpha School is located near the T-box on the old Las  
23 Cruces Country Club par five, seventh hole. One my of favorite holes. I  
24 miss it. If you build it he will come. It's a quote from a movie, Field of  
25 Dreams. It's a 1989 fantasy drama film starring Kevin Costner, nominated  
26 for three academy awards. This project reminds me of this movie. In the  
27 movie a novice farmer hears the voice and whispers, if you build it he will  
28 come, and decides to take a leap of faith and plows his cornfield to build a  
29 baseball diamond risking everything he's always known and risking  
30 bankruptcy. People are afraid of change and taking leaps of faith. Las  
31 Cruces residents are no different and I understand that. For any business  
32 to be successful we need customers. Customers that will need quality  
33 child care, groceries, dance lessons, storage, electronics, frozen yogurt,  
34 good burgers, and even auto repair just to name a few. This project plans  
35 to bring those customers to this empty field and revitalize this area of town  
36 to the established businesses that surround this project and also attract  
37 new businesses that will be drawn to this area. I don't live in this  
38 neighborhood, but after driving through it for the past 19 years I do feel  
39 connected to this area and to the neighbors. I understand their concerns  
40 with this project. I've heard that the people that are opposed to this  
41 project have concern about losing green space, has anyone seen the  
42 space lately? There is nothing attractive about this and it is more of an  
43 eyesore to this neighborhood and the community. I welcome growth and  
44 everything that comes with it, the good and the bad. But I trust our city  
45 and those officials that are in charge of making our city a place of  
46 opportunity for families such as mine while making tough decisions to

1 better our community. In closing, I ask that you take a leap of faith and  
2 listen to those voices, if you build it they will come. Because if we don't  
3 build it, nobody will come and Las Cruces will be left behind again. I stand  
4 in full support of this project.  
5

6 Crane: Thank you sir. Any other member of the public? Yes sir.  
7

8 Colon: Good evening. My name is Carlos Colon. I am also a member of the  
9 country club neighborhood and a member of the Country Club  
10 Neighborhood Association. I don't have a prepared speech or anything  
11 like that so I'm going to speak from the heart. I support fully the proposals  
12 put forth, the information given to you from our Neighborhood Association.  
13 I have to ask the question how many people that have come out in support  
14 of this zoning change are realtors and I think it's a shame that we have  
15 realtors come out here and put down our organization and especially our  
16 president because we have nothing but the best of intentions and for the  
17 neighborhood and for Las Cruces. This is not anything where we're  
18 against development. We are in favor of development, we just want the  
19 right type of development for this community and this city. Thank you.  
20

21 Crane: Thank you sir. Ma'am.  
22

23 Smith: Good evening. My name is Tammy Smith. I do not live in the country club  
24 area, but I live reasonably close to it. And so I am coming before you to  
25 speak on not only my own behalf but the large number of residents in Las  
26 Cruces who had fervently hoped that that property would become our  
27 regional park. That seems to be out of the question now although quite  
28 frankly I still haven't given up hope and I'm sort of a diehard. But I have  
29 concerns about some of the plans that are being made. I want to mention  
30 that I think Mr. Pofahl's project is very attractive and I think it has a lot of  
31 fine features, but not for there. Highway 70 is sort of a death trap road  
32 and I don't care how many barriers they put up in the middle of it, it is still  
33 terrible. There is hardly any time of day when it is not laden with traffic.  
34 I'm concerned about having more traffic added, there are going to ... there  
35 will have to be another exit as far as I know onto the highway. There will  
36 have to be traffic going through the neighborhood. It will be diverted and  
37 I'll tell you why I know. Because a similar project took place in my  
38 neighborhood North Alameda section and it's a very very nice  
39 development. We begged and pleaded not to have it approved because  
40 we knew it was going to put a tremendous amount of traffic through two  
41 residential streets where I live; one is Highland and one is Phillips Drive.  
42 Our roads we use for cut through to avoid having to go, what had been the  
43 obvious road which was a road straight from Alameda over to Valley  
44 Drive. The same thing is going to happen in this neighborhood. They  
45 going to be cars cutting through, cars that don't have to be there, they  
46 don't live there, but they will take short cuts. We all take short cuts. I

1 question whether if the helicopter pad goes through, is that really a safe  
2 place to have one where there are residential areas that close and where  
3 there's a potential for a kindergarten and a private school that close? And  
4 tell me, do you use Apodaca Park? Do you ever go there with your  
5 families? Do you really want to have a helicopter buzzing over because  
6 you can't be assured when it might or when it might not go through?  
7 Would you like to be having a cook out when an emergency vehicle has to  
8 go rushing through the area? I think these are things that we really need  
9 to consider and hopefully there will be some attractive development there.  
10 I'm sorry to see the grass die and the trees die. I'm sorry that the codes  
11 officials were not able to convince the owners of the property that they had  
12 to keep up their trees and keep up their grasses. I have been cited  
13 because my grass looks terrible and my tree is dying, but I'm just a citizen.  
14 Thank you.

15  
16 Crane: Thank you ma'am.

17  
18 Beard: Ms. Montana, I don't think they can see this lighting with the monitor in  
19 front of them.

20  
21 Crane: Can we move the box a little bit, left or right? Okay if speakers could  
22 position themselves so they can see the bad box there. Can you see that  
23 sir?

24  
25 Townsend: Oh yes, certainly. Gentlemen, first I want ... my name is Dan Townsend.  
26 I live about six blocks away from the subject property. But it was valuable  
27 when it was being maintained. One of the particular reasons why we  
28 bought in that area. And it certainly has potential for many things. The  
29 problem that I see is really that we have been through a lot of cycles of  
30 developers that did not fulfill the promises made. In fact I don't envy Mr.  
31 Pofahl in this situation because of some of the things that have gone on in  
32 this community before. What I wanted to say was that if we really have  
33 plans it has been pointed out that once you get C-3 zoning then all gloves  
34 come off because in the first place the petitioner is not the owner, so of  
35 course this could transition into several ownerships. And of course what  
36 happens to the original plan. So what I would say is why don't we say if  
37 the people are really planning to do what they want to do, assuming it  
38 does not have negative outcomes, they need to post a bond which would  
39 pay the community in some way if the promises made and the proposals  
40 offered result in negative outcomes for the community. I refer of course to  
41 the possible loss of our not-for-profit hospital, some of the other things that  
42 could happen for instance one, you might think about this as well and that  
43 is an assisted living facility is for people who want to live quietly and so  
44 forth, they do not necessarily want to live in a commercial zone. And  
45 especially not one where you've got the you know activities of a hospital  
46 and some of the other things that have been mentioned. So if the

1 developer, the petitioner wishes to post a bond saying that they will do  
2 what they promise to do and it has no negative outcome for the  
3 community, I think that is a good starting point. Thank you.  
4

5 Crane: Thank you sir.  
6

7 Burlbaugh: My name is Edward Burlbaugh. I saw a bunch of initials earlier. I have a  
8 bachelors, a masters in science, two masters in science, a PhD and an  
9 MBA. So I'm qualified to speak of nothing. I'm not a member of the  
10 Country Club Association. They don't represent me. They don't speak for  
11 me. If I had to say anything about them I would just say with perhaps  
12 disrespect, that they are kind of an obstructionist organization when it  
13 comes to this project. At any rate, I know I've been in a number of  
14 meetings and the developer has proposed a number of items that he  
15 wants to present and I think he's been more than adequately  
16 accommodating to the residents. As someone pointed out, you know it'd  
17 be really wonderful if, I don't know who the man with all the money would  
18 pay to have the country club maintained, have lots of trees and we could  
19 all go walk our dogs there. But I think the financial reality is that it doesn't  
20 happen that way. There was a mention of a couple of previous  
21 developers that had been looking at this and I would just submit how'd that  
22 work out for you? I have a friend who builds furniture for a living and  
23 someone came to him and asked for a bid on a project and he gave them  
24 a bid and the response from the potential customer was, well that's kind of  
25 expensive. I talked to this other guy and he could do it for you know 50%  
26 or 80% of that. He says okay, well why don't you go to the other guy?  
27 And the potential customer said well the other guy's not in business any  
28 more. So, maybe that's why the two previous developers couldn't put  
29 together a project that maintained 90% green space. You have to have  
30 something to make your money in order to do that. The concern about  
31 why we ... or the need for another hospital, frankly I think if we all believe  
32 Las Cruces is going to grow it's certainly possible that it could grow into  
33 the need for another hospital. I want to say that I thought what Harry  
34 Hanson had to say was very astute and I agree with that and I say I'm in  
35 favor of the zone change. Thank you very much.  
36

37 Crane: Thank you sir. Yes sir.  
38

39 Caldwell: Good evening. I feel for you guys. My name is Robert Caldwell. I am the  
40 president of the board of directors for Las Cruces Country Club. And I just  
41 want to say that we are not going to ever be able to go back to Las Cruces  
42 Country Club property. That won't ever happen. We feel very badly about  
43 the way the place looks. We are unable to maintain it. It is ... everybody  
44 that played golf there has a great feel for it, I know I do. I'm speaking from  
45 my heart right now. Member there for over 20 years and I'm on the board  
46 of directors so that we can move on to other things. But, we are very

1 much in support of this project for many reasons; one being is it's offering  
2 something to this community that we all care about. Something that we all  
3 as members of Las Cruces Country Club, we are very supportive of this  
4 community providing many many services, not just golf, we are a polling  
5 place for all of the elections that were ever held in Las Cruces. We were a  
6 gathering place for a lot of weddings. We were a gathering place for a lot  
7 of graduations, my two kids graduated and had their receptions there. A  
8 lot of good things. This hospital is another good thing. Now, we support  
9 the fact that they're trying to do a good thing with it. And I hope you do  
10 too. Thank you.

11  
12 Crane: Thank you sir.

13  
14 Van Damme: My name is Anita Van Damme. I've lived in Las Cruces on and off for 60  
15 years. I have found ... I don't live here now, but I came to this meeting  
16 just to see what was going on because I really think this is a good project.  
17 My parents belonged to the country club and while I come here and I see  
18 how terrible it looks, I think it would be great to have a pond with  
19 paddleboats. I think it'd be great to have trees and grass, but New Mexico  
20 is in a drought and we don't have water. This is not Minnesota or Oregon  
21 where it rains every day. In all the years I've lived here, you always notice  
22 that the people that hold you back, that hold the city from going anywhere  
23 are the people that move here from other places and try to change things,  
24 try to make it like back home. This is not back home. This is Las Cruces,  
25 it's a laid back style. I think what these gentlemen are doing is really  
26 wonderful. It's a thing that Las Cruces should embrace. We need  
27 somebody to come in here and build. We have a problem with the fact  
28 that we don't have any kind of big ... what do I want to say ... there's not  
29 anybody that comes in here that finds something other than the  
30 government and that's why Las Cruces does not grow. It's why it looks  
31 like to does. And I hope that the City Council and the people of Las  
32 Cruces vote this in because it's something that's very much needed.  
33 These people are coming in with money to fix something that looks  
34 terrible. I can remember when the country club was beautiful, we'd go  
35 swimming there. It was a place like the gentleman said to have parties  
36 and dance and it was really nice place to go. And now it's just terrible and  
37 the people that don't want to change it, well sorry for them.

38  
39 Crane: Thank you.

40  
41 White: Chairman and Commission. Thank you. My name is Clayton White. I  
42 lived at 2310 Desert Drive which is across the street from the country club  
43 for right at 40 years. I've grown old there. My kids were raised there.  
44 Talking about the swimming pool. They learned to swim in the pool. I  
45 played golf. My daughter got a scholarship to New Mexico State in golf.  
46 My son has a three handicap but that has nothing to do with land use.

1 They were raised at that country club. While I was there I can think of at  
2 least four times when people came in to buy our club, trade our club, they  
3 wanted our club. And there was nobody at that time standing up and  
4 fighting it. There was never a word said anything about what they were  
5 going to do with the land or why they were going do with the land. There  
6 wasn't any interest in it. And when I got the word about this hospital and I  
7 went out to a meeting and I was highly skeptical what these guys were  
8 going to do and then I listened, I asked questions, and I walked away  
9 extremely impressed. I think it'll be good for the neighborhood, it'll be a lot  
10 better than a park. Parks don't pay money and Las Cruces is in trouble  
11 and a hospital would pay a lot in taxes and employ a lot of people. It could  
12 do nothing but help this community. Now why people are against a  
13 hospital, I don't know. I don't know. I was telling my daughter about what  
14 was going on and she said well, sounds like somebody's doing a little  
15 subterfuge lobbying doesn't it? When will they fight that? I don't know,  
16 I'm very curious why they would be so interested in fighting the project that  
17 I see. I'm in favor of it and I hope to live another 40 years over there in a  
18 neighborhood I'm proud of. Thank you for your attention and I hope it  
19 goes on.

20  
21 Crane: Thank you sir.

22  
23 Miller: My name is Ralph Miller. I live at 1525 Altura. I'm a relatively newcomer  
24 to this area, I've only been here since 1997. And I lived in Clovis for about  
25 23 years thinking I was going to live and die there the rest of my life and  
26 my work gave out and I had to leave and go to California to make my  
27 fortune out there. And so I left and came back. I chose Las Cruces  
28 because it happened to be half way between my children's residences. I  
29 have two boys that live over in Texas, one girl that lives over in Las  
30 Vegas, and one daughter that lives here, so I got a day's drive either way.  
31 I chose Las Cruces because for many reasons, it has interstate highway  
32 north and south and go all the way to Canada. I can go all the way to the  
33 east coast or all the way to the west coast on the interstate on 10, which I  
34 have done several times. However, I chose Las Cruces because this area  
35 had the same basic climate I found out in California. And I moved here in  
36 '97, there were 60,000 people. Recently I read in the paper they said now  
37 we're over 100,000. So I beg to differ for the previous person who spoke  
38 saying we're not growing, I think we're growing quite well. I selected my  
39 location because I've always been told that the people who build homes  
40 close to a golf course always have nice homes and they seem to be  
41 stabilized, they seem to stay that way. Five or six, maybe seven years  
42 ago I had several constant people from the real estate would come by  
43 leaving a little card on my door and wanting me to sell my home. And I  
44 thought gee these people maybe they know something I don't know. Well  
45 I found out the approximate value and boy sounded pretty good. Well that  
46 was a few years ago. Now I've lost about \$50,000 or \$60,000 of that

1 value because of the situation. Now I see I have a caution light. I did  
2 want to emphasize that basically that this group of people who wanted to  
3 develop this, I am totally in favor of this. I hesitate in saying this is the  
4 biggest blight I can see in the center of our town. I skipped my notes of  
5 what I had down here but I'm glad to hear some of the various reasons  
6 both pro and con. We have a rough diamond in there, it needs to be  
7 polished and I think we should proceed. Thank you.

8  
9 Crane: Thank you sir.

10  
11 Jenson: Good evening. I'm Rick Jenson. I'm a townhouse owner adjacent to the  
12 new hospital project. And I'm CEO of Cloudcroft's Sacramento Mountain  
13 Medical facility. I'm concerned about the health and the welfare of all our  
14 citizens in Las Cruces, as well as the highest and best use of this newly  
15 proposed multiuse development providing an innovative continuum of care  
16 especially for newly arriving baby boomers. Locally this project will have a  
17 very positive economic impact on Las Cruces. It'll create 1,300 jobs. It'll  
18 have over \$50 million payroll and that'll directly stimulate our local  
19 economy leading to an annual commercial impact of over \$120 million  
20 rolled throughout the community. The project will enhance the quality of  
21 life for almost 2,900 people and 900 families in the Las Cruces area. And  
22 enroll more than 1,500 children into our school system. This development  
23 is projected to generate more than \$4.7 million in local taxes. And it's  
24 projected to generate more than \$2.3 million for the state. Locally this  
25 project will have a very positive cultural impact on Las Cruces. This  
26 planned unit development incorporates a unique approach to health care  
27 from emergent treatment, to assisted living, to rehabilitation and  
28 preventive fitness facilities all in one campus. For loved ones from out of  
29 town, plans include access to residential facilities on-site. Health-wise, the  
30 overall park design encourages safe walking on-site between residences,  
31 retail shopping, all healthcare facilities, as well as links to existing Las  
32 Cruces fitness trails. The Park Ridge project deserves to be a signature  
33 project for Las Cruces. It will provide a new model of healthcare for the  
34 future, improve property values in the neighborhood, provide new jobs  
35 within our community, and provide state and local governments the  
36 needed tax funds to accommodate our growing population. I whole-  
37 heartedly endorse this project. Thank you.

38  
39 Crane: Thank you sir. Yes sir.

40  
41 Hayes: Is there a camera attached to those three lights?

42  
43 Crane: There's a camera behind you. Actually there's a camera up there.

44  
45 Hayes: Okay, will I get a ticket if I go past red? Good evening, my name is  
46 Michael Hayes. I'm a resident of Las Cruces. I'm happy to say that I'm a

1 resident near the country club area. I don't have a personal story to tell  
2 you. I'm not a realtor. I'm not as I say an adjacent resident. I'm a retired  
3 consultant who consulted to government agencies and private companies  
4 in the Washington, DC area and around the country. My job as a  
5 consultant was to come in and evaluate plans, documents, reports,  
6 recommendations, environmental impact statements, the operations of the  
7 nuclear weapons facility at Pantex. I was a hired gadfly. My concern on  
8 this issue is whether you have received from the city, not to mention the  
9 developer and not to mention the various speakers, an adequate basis for  
10 making a decision to go forward. When I came down here, this is my first  
11 public meeting in this town that I've attended, my concern was this is a  
12 large development, the fix is in, you're a rubber stamp organization and  
13 the city government will just pass you something and you'll approve it. I've  
14 been really impressed with your questioning. You're on the right track but  
15 I think you need to do a great deal more before you can act on this and let  
16 me tell you why I came in with my suspicions and why I have this  
17 judgment of this, that the materials of which I've seen. The city manager  
18 has written that the city administrations role to facilitate the application not  
19 to analyze and evaluate it. I think that some of the problems we've had  
20 with the work that the city has done in its responses have already  
21 indicated that they have not done a very good work. This puts you in a ...  
22 the many failings of this report have already been indicated by the critics  
23 of the proposal. I do not see them opposed to development. I see them in  
24 favor of sensible development that makes sense not just for this particular  
25 site and the nearby residences, but the entire city. That's what planning  
26 should be for. There are too many unanswered questions. I think that the  
27 city manager and the staff have assumed and I'll put in rather blunt  
28 language, that you are either fools willing to avoid due diligence or naves  
29 willing to be complicit in giving away an enormously valuable public asset  
30 for nothing in return but non-binding promises called plans subject to  
31 change without notice at the developers discretion. I would urge you ...

32  
33 Crane: Thank you Mr. Hayes.

34  
35 Hayes: I'm sorry.

36  
37 Crane: Would you conclude please?

38  
39 Hayes: Oh yes, I'm right there. I would urge you to send this back to the city to  
40 develop more adequately and explore more of these issues and to give  
41 you a better bases for making a decision to go forward. Thank you very  
42 much.

43  
44 Crane: Thank you sir.

45  
46 Beard: I have a question.

- 1  
2 Crane: Mr. Hayes one of the Commissioners have a question for you.  
3  
4 Hayes: Do I have to testify against myself?  
5  
6 Beard: This will give you some more time, but what are the unanswered  
7 questions. Can you give me some ideas where we should be going?  
8  
9 Hayes: I do not think, I mean we've heard from both sides, I do not think we know  
10 what the economic impacts are going to be on this. I don't think we know  
11 the social impacts. We have some problems with helicopters flying  
12 around, I don't have to be a pilot to know that they're noisy and they're  
13 dangerous because I live on a flight path. So I think that there's a range of  
14 these, we do not know what the effect will be. We've been told and I'm  
15 inclined to believe this because my wife is a nurse at an assisted living  
16 facility. I am inclined to think that instead of generating money we'll just  
17 be moving from one pocket to another. I don't think we know. And I'm  
18 very uncomfortable with a piece of Jell-O being tacked to the wall. I don't  
19 think we know how this site will actually be developed, I don't think we  
20 have assurances how it will be developed. I think we need more  
21 specificity, I think we need more ... if the developer's got a good idea and I  
22 do favor multipurpose mixed use development and I find the site that  
23 they've drawn up very attractive, only at the bottom it says subject to  
24 change without notice at developer's discretion. And I think that until you  
25 have answers to these questions and have more specificity, you really are  
26 operating in the dark and can't serve a public interest if you don't even  
27 know what interest might be affected.  
28  
29 Beard: Okay, thank you.  
30  
31 Hayes: Does that help?  
32  
33 Beard: Yes. I would also like to remind the audience that this is only the first  
34 phase of this program. I mean it goes through a lot more approvals, so  
35 we're just going through the first phase on this thing.  
36  
37 Crane: Yes sir.  
38  
39 Perez: My name's Edward Perez. My home will be ... there'll only be two houses  
40 between my home east of the hospital. So I live right there. I have got a  
41 general statement to make that is not aimed at this body and it is ... I've  
42 already got a yellow light. Okay, thank you.  
43  
44 Crane: Go ahead, you're starting from scratch, three minutes.  
45  
46 Perez: I have a general statement, not directed at this body, but the statement is,

1 are you kidding me? Have you seen the place? I don't care if there's a  
2 hospital there. I don't care if there's an Appleby's. I don't care if there's a  
3 Trader Joe's. I want some intelligent things drawn up and put in there. It  
4 seems to me that this is an intelligent system that some thought has gone  
5 into this, a lot of money has gone into this. We can sit back and say well  
6 what if we had this, well I don't want this, I want that. Well, you know the  
7 hospital may not make money. Well this is America, if they don't make  
8 money I'm sorry. It's worth a try. We have people say who's going to live  
9 in the assisted living center, well they're not going to kidnap people and  
10 put them in there. People will choose to live there. Let's give them the  
11 opportunity. Again I don't care if it's a hospital. I don't really care what it  
12 is. I don't want it to be what it is and if this doesn't go through, you all  
13 know how much time it's going to take for a new developer to come in, for  
14 them to get before this body and get to this point again. This seems to be  
15 a fairly intelligent thing going on here. It seems really it's silly to say well  
16 what if it was a Trader Joe's, well what if it was this, well we don't want  
17 this. I'm hesitant about the helicopter, it'll probably be going right over my  
18 house. But something needs to be done. Thank you.

19  
20 Crane: Thank you sir.

21  
22 Maese: Good evening. My name is Hector Maese. I'm here to endorse the Park  
23 Ridge proposed development. The past 18 years I have lived next to the  
24 proposed development. My townhouse is at 920 Camino del Rex  
25 adjoining the north side of the Las Cruces Country Club property. As a  
26 golfing member of the country club I've known that the closure of the  
27 course was necessary. I have attended five meetings pertaining to this  
28 project. The meetings have expressed a consistent theme and objective.  
29 Mr. Pofahl and the developers propose a new upscale village that will  
30 serve not only the immediate community but the entire area surrounding it  
31 and our city. It will offer sustainable options and needs like health,  
32 education, employment and housing that will add to our community's  
33 quality of life and services. It will likely enhance the property values for all  
34 of us that live near or in the surrounding area. I believe going forward with  
35 this development will add balance, life, and beauty to the former Las  
36 Cruces Country Club golf course property and to the City of Las Cruces.  
37 These are the reasons I'm endorsing the project. In closing, I want to  
38 personally thank everyone that's here. I also want to say thank you to all  
39 of you on the Planning and Zoning Commission for your time and service  
40 to our city. Thank you.

41  
42 Crane: Thank you sir. Yes ma'am. Do you have new information?

43  
44 Mitchener: My name is Becky Mitchener. My husband and I own 900 Camino del  
45 Rex. We are one of the townhome owners. The slides that you're going  
46 to see, we traveled the golf course on Sunday morning and took some

1 pictures to display the deterioration that's happened to this poor property.  
2 I have watched through my back window as plants, trees have died and  
3 how animals have left the golf course. We don't even have pigeons left at  
4 this point. They left also. So I just wanted to go ahead and show you a  
5 few slides about the dead trees that are there. This is a little overkill, but  
6 there are left over things like fertilizer on the property. All of these things  
7 have created safety problems, I know that there have been some break-  
8 ins along the Desert Bright property. I believe that Ms. Potter's property  
9 was also broken into as well. I don't know how to do this any way. Okay.  
10 You'll see, these were the water areas on those top features. This is  
11 where Mr. Stevens wants to put the paddleboats as I understand it. This  
12 particular property in the lower left corner is the break-in that's happened  
13 at the Las Cruces Country Club. I have observed this over several  
14 months and there is ongoing activity in and out of that particular property.  
15 I suspect that it's youth, but it also creates a safety risk for all of us that  
16 live there. I don't know why the country club hasn't boarded that up, but it  
17 still continues to remain. So we have vacant properties, on the property in  
18 my opinion we have severe fire danger. It's just going to take somebody  
19 with a can of gasoline and few matches and we're going to go up in a puff  
20 of smoke over there. The nearest fire hydrant as I see it is out toward the  
21 gate at the entrance to the country club. So in closing, I just think that ...  
22 my husband and I are stakeholders in this in the sense that we have all of  
23 our property at risk. I'm concerned about our neighbors and our  
24 community, our community as a whole, and we fully support the plan that's  
25 proposed by the developer. Thank you.

26  
27 Crane: Thank you.

28  
29 Mitchener: If you'll just look at my slides as they end here. You can see the dead  
30 growth of the back of the townhomes, etc. So, anyway, that's what we're  
31 looking at now.

32  
33 Crane: Thank you. Something new to say ma'am?

34  
35 Jensen: Yes, sir. My name is Claudia Jensen. I live at, or I own 8850 Camino del  
36 Rex, so I own one of the townhomes. I am also a nurse. In fact I work at  
37 Holloman Air Force base. And what I'm going to address is something I  
38 heard a question earlier about and that was would this bring people in  
39 from someplace else for the medical and I can tell you yes, because  
40 where I work, like I said I work at the medical facility on base, and I have  
41 talked to people about this project that I've been hearing about from these  
42 people and I was really excited about it. And I told them all about it and I  
43 have had a lot of people saying they are really looking forward to this  
44 because this will bring in new doctors, more doctors than what we have.  
45 Currently Alamogordo is very very poor in doctors and especially different  
46 specialities. This will bring in a few more specialities here. They won't

- 1 have to go as far. Right now they're having to go to El Paso,  
2 Albuquerque, to get some of the specialities that they need. If we have  
3 these specialities here, then we can bring more of them over here. And I  
4 already know that a lot of people would come here. And we do send  
5 military people to any place for the specialities. And so I believe this  
6 would really bring in the people from as far away as Alamogordo, Rowell,  
7 not Roswell but Ruidoso and that area. So I think it would be a very  
8 positive thing to have this speciality hospital with specialty doctors coming.  
9 And of course I want this to come to. Thank you.
- 10
- 11 Crane: Thank you.
- 12
- 13 White: Good evening and thank you.
- 14
- 15 Crane: Something new ma'am?
- 16
- 17 White: Pardon me?
- 18
- 19 Crane: Something new to say.
- 20
- 21 White: Yes. My name is Sharon White. I am a resident of the country club. The  
22 association does not represent me. My great grandparents settled in this  
23 valley around the time of statehood. So I am a long time resident, but I've  
24 also lived around the world. When my mother was born there were 6,000  
25 residents in the city and no hospital. My brother was born at one hospital  
26 which used to be the old Memorial Medical. Since then I've seen  
27 Memorial move to another location and it's gotten larger. And I have since  
28 seen yet another hospital being built. I think that this can be an asset and  
29 I support it.
- 30
- 31 Crane: Thank you. If there's no other public input then we'll close this to public  
32 discussion and the Commission will debate. Okay, I'm calling on  
33 Commissioner Scholz, you wanted to say something. Commissioner  
34 Scholz.
- 35
- 36 Scholz: Well I was interested in hearing the supporters, particularly their applause.  
37 I thought that was amusing. But absolutely unnecessary. I think if you  
38 really support this you'll probably present facts and figures and I had a  
39 gentleman from I think it was Cloudcroft right, who presented facts and  
40 figures. It's interesting. I assume you're a medical professional sir and  
41 you would know things like this, or possibly you were primed by the people  
42 who want to build the hospital. You know, whichever. Anyway, I think the  
43 public input is absolutely necessary and I'm convinced there are a lot of  
44 people in this room who support this project. And I think we have  
45 evidence of that in the, let's see, it's the Las Cruces Country Club  
46 Redevelopment Resident Community Support petitions which we all

1 received a copy of. I'm less than convinced that this is a great project and  
2 my concerns I articulated earlier and that is you know I don't mind seeing  
3 a hospital there or an assisted living facility, I think those are practical  
4 kinds of things, and they will live and fall on what money they make. If  
5 they don't make money well they'll probably go out of business. They're  
6 certainly not going to be dependent on Medicare and Medicaid from what  
7 I've heard. So, I'm not concerned about that. What I'm concerned about  
8 is the rezoning which allows oh, you know restaurants and tennis courts,  
9 and things like that which I don't think are necessary for an assisted living  
10 facility or frankly for a hospital. So I can't support this project as it is right  
11 now, as it's presented. I also think that we have to divide this project and  
12 look at it as two separate things and say okay the hospital is being built I  
13 assume by one developer or one group of people and I suspect the  
14 assisted living facility is being developed or built by another group of  
15 people. I don't think they're absolutely linked and consequently until we  
16 can separate those and treat them as separate zoning issues, I don't think  
17 I can support that either. So that's how I feel about that.

18  
19 Crane: Commissioner Shipley do you have a remark?

20  
21 Shipley: I have a few comments. First of all I'd like to thank everybody here who  
22 came out tonight to contribute to this exercise. This is something that  
23 needs to be done with a great deal of visibility and that, so everybody can  
24 see what goes on. There are no preconceived opinions. We listen to the  
25 facts, we go out and look at sites, we do things along that line. We are  
26 concerned about the growth in this city and how it's structured and how it  
27 goes, that's why we are the Planning and Zoning Commission. I want to  
28 say that I would like to see this entire 110-acre, I'd like to see the plan  
29 done as a total thing. And the reason I say that is because in my previous  
30 experience I've been part of development of large 100-acre, 200-acre  
31 sites, some of them were all commercial, some of them were commercial  
32 and medical. So I've seen this same kind of thing go. I understand there  
33 is concern about boutique hospitals and that, but they have a place, they  
34 have a part in the medical system. You're shaking your head no, but they  
35 do. There are people that want to go to a certain place to have a hip  
36 replaced and they may not want to go to Memorial Medical or they may  
37 not want to go to Mountain View, they may not want to go to El Paso.  
38 They can pick and choose if their insurance or Medicare allows them to do  
39 that. So that's the choice that they get to make. Just like you get to  
40 choice which burger joint you go to on any given day. So there are  
41 choices that can be made. But the point of this is, is that we want to make  
42 sure that this development comes to fruition as planned because we don't  
43 like change, bait and switch, and those kinds of things as Mr. Scholz has  
44 just stated. We want to see this particular parcel developed for the benefit  
45 of the community as a whole. Yes there's going to be shifting of jobs and  
46 people are going to shift around, that goes with any industry. You open a

1 new restaurant, you take customers from other restaurants. You open a  
2 new car dealership you take prospective customers, that's the way the  
3 system works. We've all been raised that way. I would like to see the  
4 entire development plan put together with a little more (inaudible) one  
5 entrances off of Main Street is not going to be sufficient for 110-acre  
6 parcel; one or two entrance. There are going to be people who use that  
7 as a cut through when you develop it, we don't want that to happen. So  
8 how do you develop this so that it doesn't happen, you know. Right now  
9 you've given us a little bit of a piece and I would have to agree with Mr.  
10 Scholz, you've not given us enough information to make an intelligent  
11 decision. And I wouldn't support it now based upon that.  
12

13 Crane: Anyone else? I too have some misgivings about the impact of this  
14 suggested hospital on the existing hospitals. On the whole I think they'll  
15 be mitigated by the ongoing expansion of Las Cruces. We came here 22  
16 years ago, I think we had 70,000 people, now there are 100,000 and the  
17 county of course is also expanding. I also have some reservations about  
18 the fact that zoning change that's being requested will open the space up  
19 to some business, some activities, some uses that don't quite fit in with the  
20 hospital concept but I do believe that the applicant in good faith that they  
21 do want to have primarily a hospital and assisted living facility there and  
22 the other things are just incidental. On the whole I'd rather see this get  
23 started and so misgivings notwithstanding I will support the application.  
24 Commissioner Beard.  
25

26 Beard: I think this is a very large, 110-acres, I don't, maybe developed by different  
27 developers and I don't know how we can put together a whole 110-acre  
28 plan or how somebody might be able to do that. Our biggest developer  
29 didn't ... failed on the projects that they have started and the ones that are  
30 still going have just been dragging on forever. I think parcel type  
31 development might be the way to go here, to go the 30-acres, consider the  
32 remaining acres, 80-acres later on. I mean we have to approve it. It has  
33 to be something that's going to meld together, it has to be accepted by the  
34 neighbors. So I don't think that going ahead with the 30-acre approval is a  
35 problem. It's too bad that we can't do a traffic impact study because I can  
36 see that the outlets to this particular 110-acres might be a problem getting  
37 people in and out. But I think we should go ahead with the 30-acre  
38 approvals. The helicopter concern, we'll address that when it comes up.  
39 We're not approving that here. They can put in a helicopter pad but we  
40 don't ... they still have to get a special permit whatever that's called, a  
41 special use permit in order to bring in a helicopter or not. And if I can read  
42 my notes.  
43

44 Scholz: Did someone lean against the light switch again? We've had that before.  
45 Well it's not 10 yet, I have 9:33 I think.  
46

- 1 Beard: Concerning the hospital, I think Commissioner Scholz has come up with a  
2 big concern and I think it's a concern with me now. And I think maybe I  
3 could resolve it if we put a condition in it that that hospital has to go there  
4 before all of these other things go in there. We can make that a condition.  
5 When I read these recommended conditions I see where you're having  
6 that problem and I have that now too. So that's page 11-11.  
7
- 8 Shipley: I didn't see the condition that said that after two years it reverts back. I  
9 don't see that as a written condition.  
10
- 11 Montana: Mr. Chair, Commissioners, that is a part of the zoning regulations, it's in  
12 the zoning code. It didn't need to be a condition of this particular approval.  
13 I cited the section of the code, so article two, section 38-10 states that, so  
14 it's part of the code, it is a requirement. It didn't need to be placed as a  
15 special condition if this were to be recommended by you for approval.  
16
- 17 Scholz: Yeah, I'm okay with that. No I understand, that's part of the code. Not a  
18 problem.  
19
- 20 Beard: I think we could put a condition in there that the hospital is part of this 30-  
21 acres.  
22
- 23 Scholz: Well that's the condition that refers ... excuse me, it says condition  
24 number one.  
25
- 26 Beard: Right.  
27
- 28 Scholz: This is on page 11, as stipulated in the rezoning application the C-3c and  
29 R-4c zoning designations allow what uses shall be limited to those listed  
30 on page seven and eight of attachment five. And so that's what I was  
31 referring to.  
32
- 33 Beard: Right.  
34
- 35 Scholz: Page seven is the hospital and the assisted living facility and then talks  
36 about the buffer. And then page eight lists related land uses, institutional  
37 land uses, recreational land uses, and service land uses.  
38
- 39 Beard: Right, but I see your point though that it says all of those are allowable  
40 uses.  
41
- 42 Scholz: Yes they are.  
43
- 44 Beard: And if the hospital doesn't go in there the other things could go in there.  
45
- 46 Scholz: That's right.

- 1  
2 Beard: Yeah. And so we ... I think that we could put a condition, another  
3 condition for ... that says that in that 30-acres a hospital has to be  
4 included.  
5
- 6 Scholz: In other words what you're suggesting is that we have ... so the hospital  
7 has to be developed in order to allow the other things?  
8
- 9 Beard: Yes.  
10
- 11 Montana: Mr. Chair, Commissioners if I may, during the break after the beginning of  
12 your discussion when we had the break the applicant was willing to clarify  
13 and remove or delete some of the land uses and if he could have a few  
14 minutes now to clarify what he would be willing to remove from those land  
15 uses I would ask that he be invited back to clarify if that's okay with you.  
16
- 17 Crane: That's acceptable, but would you please put up the slide you had a  
18 moment before about the ...  
19
- 20 Montana: The land uses.  
21
- 22 Crane: The zoning change dying if it's not ...  
23
- 24 Montana: Oh, surely.  
25
- 26 Beard: You know I don't want to argue that a tennis court can't be used for  
27 rehabilitation, you know, doctors know more about that than I do, so I hate  
28 to limit them on that.  
29
- 30 Scholz: That's because you don't play tennis.  
31
- 32 Crane: Okay, Ms. Montana. Nothing in this that you just put up here about this  
33 dying if it's not used or developed in accordance with the conditions and  
34 all of the applicable regulations stipulates that the hospital has to be  
35 started.  
36
- 37 Montana: That's correct.  
38
- 39 Crane: Right.  
40
- 41 Montana: That's correct.  
42
- 43 Crane: So, this revocation of a conditional zoning designation does not meet  
44 Commissioner Scholz' concern or Commissioner Beard's.  
45
- 46 Montana: That's correct.

- 1  
2 Crane: So let's hear Mr. Pofahl handle it please.  
3  
4 Pofahl: We're more than happy to make this approval conditional on the hospital.  
5 We've got a plan for the whole 110-acres, right now we're dealing with  
6 this, but we're happy to make that hospital conditional. That's what our  
7 plan is and that's what we plan to do. And if there's some other use on  
8 there that you know recreational courts or tennis courts that are causing  
9 heartburn we're happy to remove those. Those were just conditional  
10 uses, but we're not trying to attempt to get zoning so we can go do  
11 something else. We'd be happy if that would you know satisfy the rest of  
12 the Commissioners.  
13  
14 Crane: Okay. Don't go away. Commissioner Beard do you want to specify what  
15 things you'd like Mr. Pofahl to remove?  
16  
17 Beard: No, I'm ... as long as the hospital goes there I'm happy with whatever else  
18 he wants to put in there.  
19  
20 Crane: Okay. Commissioner Scholz, do you want to specify something to be  
21 removed?  
22  
23 Scholz: No my concern was with the hospital, that the hospital had to be there.  
24 I'm not sure how to phrase that, perhaps legal can help us with a  
25 (inaudible) ...  
26  
27 Crane: Can we have some professional help?  
28  
29 Scholz: On Mr. Babington again, he loves to do this.  
30  
31 Crane: Mr. Babington.  
32  
33 Babington: Mr. Chairman and Commissioners what I want to sort of stress on this with  
34 respect to the zoning and the conditional C-3 uses, the applicant's  
35 basically said my plan is to put a hospital in there. It also has other things  
36 that because of the zoning that could go there, if the hospital fails. What  
37 you have to realize is that this is a recommendation for a zoning change.  
38 And I normally think of these types of things as one bite at the apple  
39 because of the statutory requirements on further zoning change. As Ms.  
40 Montana has indicated in her package, the requirements under state case  
41 law basically say you have to sort of justify why we're changing it from R-  
42 1a to something else. So the applicant has come forward with a proposal  
43 realizing that they take the risk that the hospital may not come through  
44 and that this property is now zoned with certain limitations and conditions.  
45 I would be reluctant to recommend that you consider just narrowing it to  
46 one thing because if the applicant and the hospital deal should fall

1 through, then you have a piece of property that's been specifically zoned  
2 for a hospital that may or may not occur and have another bite or another  
3 zoning change may become very difficult.

4  
5 Crane: Thank you sir.

6  
7 Scholz: Yes, thank you. I appreciate your input.

8  
9 Crane: Any other comments Commissioners? Then I'll entertain a motion that  
10 Case Z2860, the application by the country club to rezone be approved.  
11 May I have a mover?

12  
13 Scholz: So moved.

14  
15 Crane: Moved by Scholz.

16  
17 Stowe: Second.

18  
19 Crane: And seconded by Stowe. Thank you. Well start the voting with  
20 Commissioner Beard.

21  
22 Beard: I vote aye for this project based on hearings that I've heard here and site  
23 visit.

24  
25 Crane: Commissioner Stowe.

26  
27 Stowe: Aye based on site visit, discussions this evening, and presentations by the  
28 public.

29  
30 Crane: Commissioner Scholz.

31  
32 Scholz: No, for presentations, economic analysis, and site visit.

33  
34 Crane: Commissioner Shipley.

35  
36 Shipley: Nay for discussion this evening, the site visit, and also the traffic impact  
37 analysis, also the ... I just don't think that the plan is descriptive enough to  
38 handle the traffic that's important. I think I can work with the helipad  
39 eventually but I still think that's a safety concern, so no.

40  
41 Crane: And the Chair votes aye based on the city recommendations, the findings,  
42 site visit and tonight's discussion. Motion passes 3:2. Thank you.

43  
44 **VIII. OTHER BUSINESS**

- 45  
46 1. **CPB-13-01:** Discussion of the East Mesa Community Blueprint submitted by

1 the City of Las Cruces. The East Mesa Community Blueprint area is located  
 2 south of US Highway 70 and east of Porter Road. The planning area is  
 3 roughly bounded by Cortez Dr., Mauro Dr., the Alameda Arroyo and Davis  
 4 Rd. The intent of the blueprint is to serve as a policy guide for future  
 5 planning and development efforts in this area. The planning area falls in  
 6 Council District 6 (Councilor Thomas)  
 7

8 Crane: Next item of other business is discussion of the East Mesa Community  
 9 Blueprint. Is that (inaudible) Mr. Michaud?

10  
 11 Shipley: I was just going to say that by virtue of it being almost 10 o'clock. The  
 12 lights are going to go off at 10 o'clock again. We probably ought to see  
 13 about making this move to the next meeting. This is only two discussion  
 14 items.  
 15

16 Scholz: Yes.  
 17

18 Crane: Who's in charge here? Ms. Montana. Ms. Harrison-Rogers. Mr. Weir. I  
 19 don't have the power to adjust the agenda do I?  
 20

21 Weir: Mr. Chairman and Commissioners, you could always postpone that to  
 22 another meeting, but I'd recommend that you hear that this evening. We  
 23 wanted to get this onto you work session last month to move forward,  
 24 there are some recommendations. I'm sure Susana can do a summarized  
 25 version but it really would be nice if we could hear these cases this  
 26 evening. I know the lights will stay on past 10:00.  
 27

28 Crane: Okay. Do we have an official sunset at 10 o'clock?  
 29

30 Weir: No we don't. We have the chambers as long as we need.  
 31

32 Crane: I think we're going to have an official sunset at 10 o'clock. Okay. Mr.  
 33 Scholz.  
 34

35 Scholz: Point of personal privilege, this meeting is scheduled to run from 6:00 to  
 36 10:00, I'm not planning on being here after 10:00. I don't know about  
 37 anybody else, but you know we should be done by then. And if we're not  
 38 done by then, then we finish up next time.  
 39

40 Crane: Okay.  
 41

42 Scholz: I don't think it's a big deal.  
 43

44 Crane: Who is scheduled first Mr. Michaud. Can you attain your objectives in half  
 45 of the time between now and 10 o'clock?  
 46

1 Basnyat: I can try.

2  
3 Crane: Okay, and who's the other person going to present? Ms. Montana?

4  
5 Basnyat: Mr. Michaud.

6  
7 Crane: Mr. Michaud. Can you present in the other half of the time? Okay, go  
8 ahead ma'am. And I don't know you so would you identify yourself?

9  
10 Basnyat: Yes, my name is Srijana Basnyat for Community Development and I'll be  
11 presenting the East Mesa Community Blue Print. So this is the second  
12 blueprint, Mr. Chair and Commissioners. Good evening as well. This is  
13 the second blueprint to be drafted in our community planning blueprint  
14 series and the intent of this document is to act as a policy guide for future  
15 planning and development efforts in the area. So the planning area is  
16 located south of US 70 and east of Porter Road. And the redline is the  
17 city limits. So the neighborhood has distinctive features that made it a  
18 candidate for a blueprint. They have large residential lots and paved  
19 streets, they have a natural desert landscape going on and surrounding  
20 undeveloped lands. They have views of the Organ Mountains and they  
21 have horses and other animals. There are some pictures and I'm just  
22 going to rush through the presentation, so if I'm going too fast please let  
23 me know.

24 So the process, this was a community-initiated process and the  
25 residents have been very active in participating. We had three  
26 neighborhood meetings and then we've also had some e-mail and phone  
27 interaction and comments. The first neighborhood meeting was more  
28 about ... it was more informational and we had some visioning activities.  
29 We also had some discussion and then we had a mapping exercise where  
30 the residents sort of drew and noted on maps what they wanted to see in  
31 their area and what they didn't like. The second meeting was to establish  
32 the vision and we had a poll where 95% of attendees approved of the  
33 drafted vision statement. Then we also polled on issues just to get a  
34 sense of what were the most important ones and then we also tested out  
35 some goals. And this is the blueprint boundary map. As you can see we  
36 have two different sub areas within the blueprint; one is inside the city  
37 limits and area two is outside.

38 The third meeting was about more, we focused on the urban  
39 (inaudible) discussion which I can go into further a bit later, and then we  
40 also had some goals defined and then we had a dot exercise where  
41 residents just went around and placed some dots on graphics that they  
42 preferred to see or something that spoke to them. And then we also had a  
43 trails map that was presented to the group and we polled them on that and  
44 it received their approval as well.

45 So the framework of the blueprint document, the key components  
46 are the issues and opportunities section, the vision, the goals, and the

1 actions. One of the most important issues that came up repeatedly was  
2 the preservation of a rural atmosphere. Residents were concerned that  
3 further subdivision or new development could compromise the look and  
4 feel of their neighborhood. And they really wanted to maintain the access  
5 to open space and just the rural aesthetics and uses like raising of large  
6 animals etc. They also had concerns on roadways and how they were  
7 being maintained, they have a lot of drainage issues in the area and some  
8 dust concerns as well. They also talked about trails and how they would  
9 like to see some connections and retain access to public lands. There is a  
10 portion of defunct zoning district within the blueprint boundaries, it was  
11 originally zoned urban ranch which is no longer a zoning district in our  
12 current code, so the residents expressed their concern on the potential  
13 subdivision of property in that area and that they could possibly create  
14 smaller lots and the desire was to update that zoning district to a similar  
15 existing current zoning district. And the residents also expressed some  
16 interest in maintaining the night sky and protect the visibility of the rural  
17 night sky.

18 So some of the issues also present some opportunities. We see an  
19 opportunity for planning a trail network in that area which is also a benefit  
20 to the city as a whole and not just the neighborhood. And then because of  
21 the unique community character of the East Mesa Neighborhood it  
22 presents opportunities for a different type of housing choice. It promotes  
23 diverse living. And there is also an economic potential of equestrian  
24 facilities and activities in the area since we do have a presence of  
25 equestrians and that's something that we can look into as well. And this  
26 also presents an opportunity to use some best practices and planning and  
27 development to maybe improve the roadway design standards or promote  
28 certain types of development standards that would enhance that area and  
29 retain its rural character. So the vision for East Mesa is, the East Mesa is  
30 a unique community that embraces the rural lifestyle within the city. This  
31 is a place that respects its natural surroundings, offers access to open  
32 spaces and night skies, and one that balances the needs and activities of  
33 pedestrians, cyclists, and motorists with those of equestrians and owners  
34 of large animals.

35 And then we have a set of goals; goal number one is to maintain  
36 the existing rural community character. Goal two is to ensure the future  
37 infrastructure design takes into consideration the surroundings and the  
38 communities desires as identified by this blueprint. Goal three is to  
39 expand on the recreational opportunities to ensure access and promote  
40 functional linkages with the surrounding open space. Goal four, provide  
41 public facilities and surfaces that support residents and visitors of diverse  
42 backgrounds and needs without compromising the vision of this blueprint.  
43 And then the actions which actually are aimed to assist in implementing  
44 these goals; number one would be to convert the defunct zoning  
45 designation of urban ranch to a comparable zoning district; two to develop  
46 appropriate design and roadway standards that enhance and protect the

1 rural environment; number three, encourage the design of multi-modal trail  
2 network within and around the planning area. Number four to support the  
3 adoption of a conversation easement agreement among the city, the state,  
4 and private property owners, basically to implement the trail network plan  
5 that's been proposed as part of this blueprint. Then number five is to  
6 investigate the economic potential for utilizing equestrian oriented site  
7 programming in and around the planning area. Number six, to have the  
8 residents work with the city police department to consider a neighborhood  
9 watch program. And number seven to encourage Dona Ana County to  
10 recognize this blueprint during development review for properties within  
11 the ETZ that are included in the blue print boundaries.

12  
13 Crane: Excuse me ma'am, you're eating into Mr. Michaud's 15 minutes.

14  
15 Basnyat: I am done.

16  
17 Crane: Thank you, sorry for the rush.

18  
19 Basnyat: That's okay.

20  
21 Crane: Mr. Michaud.

22  
23 Scholz: Oh, don't we have time for comments?

24  
25 Crane: Sir?

26  
27 Scholz: Don't we have time for comments?

28  
29 Crane: For comments?

30  
31 Scholz: Well gosh, yes.

32  
33 Crane: Not really.

34  
35 Scholz: Oh I thought we always did comments. Can I comment?

36  
37 Crane: Well we do when we're not rushed. I want to hear from Mr. Michaud.

38  
39 Scholz: Well he said he'd only need five minutes and we actually have six and a  
40 half left, so ...

41  
42 Crane: Okay, so you have one minute and 12 seconds to comment  
43 Commissioner Schulz.

44  
45 Scholz: You want to turn the timer on Commissioner Beard. I appreciate your  
46 work on this and I did read ... I did play the CD this afternoon and looked

1 at all the things and it seems to me to sum it up we could say they don't  
 2 want any change. You know they like it the way it is. And the only person  
 3 who complained was somebody who bought land in speculation out there  
 4 and decided that oops it's no longer you know going to be able ... he's no  
 5 longer going to be able to subdivide it and build you know housing and  
 6 apartments or whatever he wanted to do. But I think it's a good land use.  
 7 I really do. And I think we need to protect neighborhoods like this because  
 8 too often what happens is developers come along and take a big swath of  
 9 land and then leave us with border lands which are in a sense  
 10 undevelopable but they're also impacted by you know the new  
 11 construction and half built roads and things like that. So I'm very glad you  
 12 did this and I think it's a good addition and I hope we can preserve this  
 13 land. Thanks a lot. How was my time?

14  
 15 Crane: Commissioner Ferrary.

16  
 17 Ferrary: Just real quick, this just sounds like a wonderful place to live and I used to  
 18 own horses back in the '70s and to have a community like this and the  
 19 cooperation with the city and developing these different trails just sounds  
 20 like a wonderful place. It's great.

21  
 22 Crane: Thank you.

23  
 24 Ferrary: Thank you.

- 25  
 26 2. **CP-13-01:** Discussion of the administrative update to the 1999 City of Las  
 27 Cruces Comprehensive Plan submitted by the Community Development  
 28 Department. The planning area is the entire City of Las Cruces. The intent  
 29 of the administrative update is to remove obsolete policies and completed  
 30 actions, make formatting changes, and do updates based on current policies  
 31 and plans adopted since 1999. Phase 2 of the comprehensive plan process  
 32 will involve expanded engagement opportunities to update this plan. The  
 33 planning area falls in all Council Districts.

34  
 35 Crane: Mr. Michaud. You have four and half minutes less the time for  
 36 Commissioner Scholz to comment.

37  
 38 Michaud: Thank you. Mr. Chairman, members of the Commission. You've seen  
 39 this ... my presentations regarding the comprehensive plan and the update  
 40 process. You've been very involved in this. A couple of months ago you  
 41 approved the schedule and the public engagement plan. We did have a  
 42 meeting with ... an unexpected meeting with the City Council, they did  
 43 want to meet regarding the process so we met with them actually  
 44 yesterday. So we went over the process, they got the same packet that  
 45 you have. We went over ... what they had recommended just to kind of  
 46 cut to the chase is, we had recommended that we were going to break, or

1 reorganize the document into themes and if you looked at the ... I can pull  
 2 my PowerPoint up but there are five bubbles in the introduction. Those  
 3 themes, we were just going to actually present as themes and then  
 4 develop them in phase two as kind of what the public engagement plan  
 5 and the schedule originally purported. We asked the Council if they would  
 6 like us to do that in phase one and they said yes, so that will require us to  
 7 work with our interdepartmental work group a little more. So what we're  
 8 hoping to do is to have a recommendation on the administrative update to  
 9 the Planning Commission in July. What we'd like to do is to bring it back  
 10 to work session to you in our August session of August 20th. So that's  
 11 really the general gist of it unless you of course have any questions or  
 12 comments on the administrative draft. It is an interim process. The draft  
 13 that you have in front of you that's also on the website isn't really going to  
 14 change much, we're going to reorganize the policies and make a key  
 15 where they go. We'll hopefully be able to consolidate some of those as  
 16 we're bringing those into the themes as well as there are still some other  
 17 ones that are code-like, we're working with the transportation section right  
 18 now and we'll try to whittle those down. But we'll produce another  
 19 administrative draft for you for your August meeting if that's agreeable to  
 20 the Commission.

21  
 22 Crane: Sounds like a good arrangement. Any comments/questions for Mr.  
 23 Michaud? Then I congratulate you for finishing two minutes early.

24  
 25 **IX. PUBLIC PARTICIPATION**

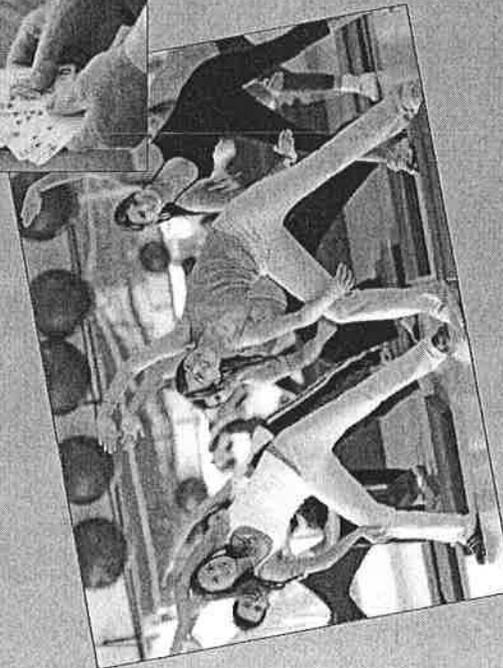
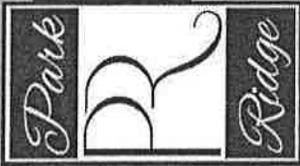
26  
 27 Crane: Any more public? You sir, you sitting there.

28  
 29 **X. STAFF ANNOUNCEMENTS**

30  
 31 **XI. ADJOURNMENT (9:58)**

32  
 33 Crane: All right. Thank you all. I call this meeting adjourned as of 9:58.  
 34  
 35  
 36  
 37  
 38

39  
 40 \_\_\_\_\_  
 41 Chairperson  
 42



PARK RIDGE MEDICAL CENTER REZONING

June 25, 2013



## PARK RIDGE PROJECT DESCRIPTION

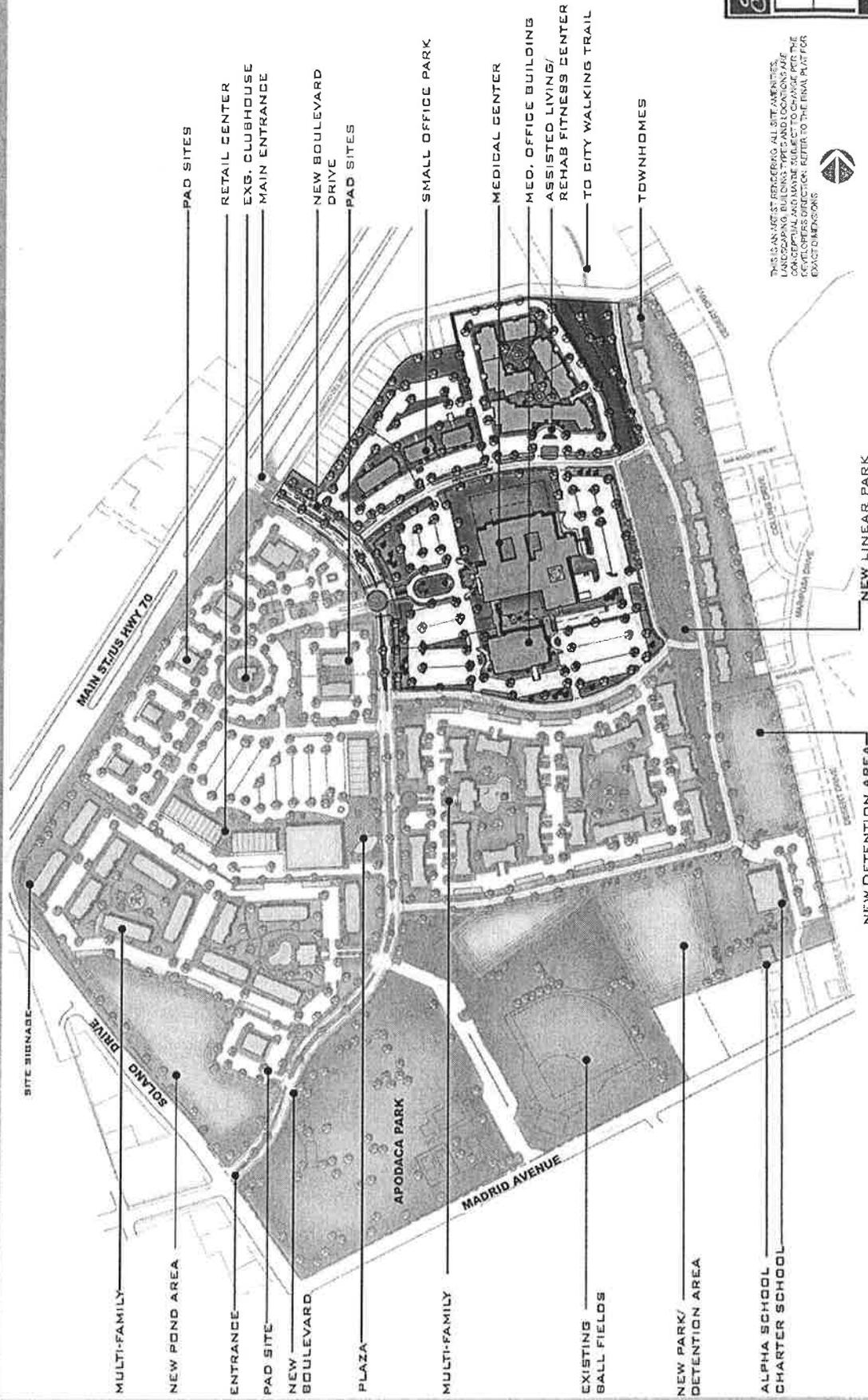
- **Park Ridge** is a proposed Urban Infill Project envisioned as a Sustainable Community promoting Economic Development through a Mix of Land Uses.
- **Park Ridge** is proposed to encompass 110 acres on the former Las Cruces Country Club site.
- **Park Ridge** is designed to integrate into the surrounding neighborhoods, sharing open space, boulevards, bike trails and walking paths.
- **Park Ridge** will be a walkable, pedestrian-friendly community.

- Proposed Mix of Uses includes:
  - ❖ Residential and Multifamily
  - ❖ Parks and Open Space
  - ❖ Walking Trails and Bike Lanes
  - ❖ Retail and Dining
  - ❖ Commercial and Hospitality
  - ❖ Continuum of Care Retirement Center
  - ❖ Medical Campus





# PARK RIDGE MEDICAL CENTER



- SITE SIGNAGE
- MULTI-FAMILY
- NEW POND AREA
- ENTRANCE
- PAD SITE
- NEW BOULEVARD
- PLAZA
- MULTI-FAMILY
- EXISTING BALL FIELDS
- NEW PARK/ DETENTION AREA
- ALPHA SCHOOL
- CHARTER SCHOOL
- PAD SITES
- RETAIL CENTER
- EXG. CLUBHOUSE
- MAIN ENTRANCE
- NEW BOULEVARD DRIVE
- PAD SITES
- SMALL OFFICE PARK
- MEDICAL CENTER
- MED. OFFICE BUILDING
- ASSISTED LIVING/ REHAB FITNESS CENTER
- TO CITY WALKING TRAIL
- TOWNHONES
- APODACA PARK
- MADRID AVENUE
- SOLANO DRIVE
- MAIN STIUS HWY 70
- NEW LINEAR PARK
- NEW DETENTION AREA

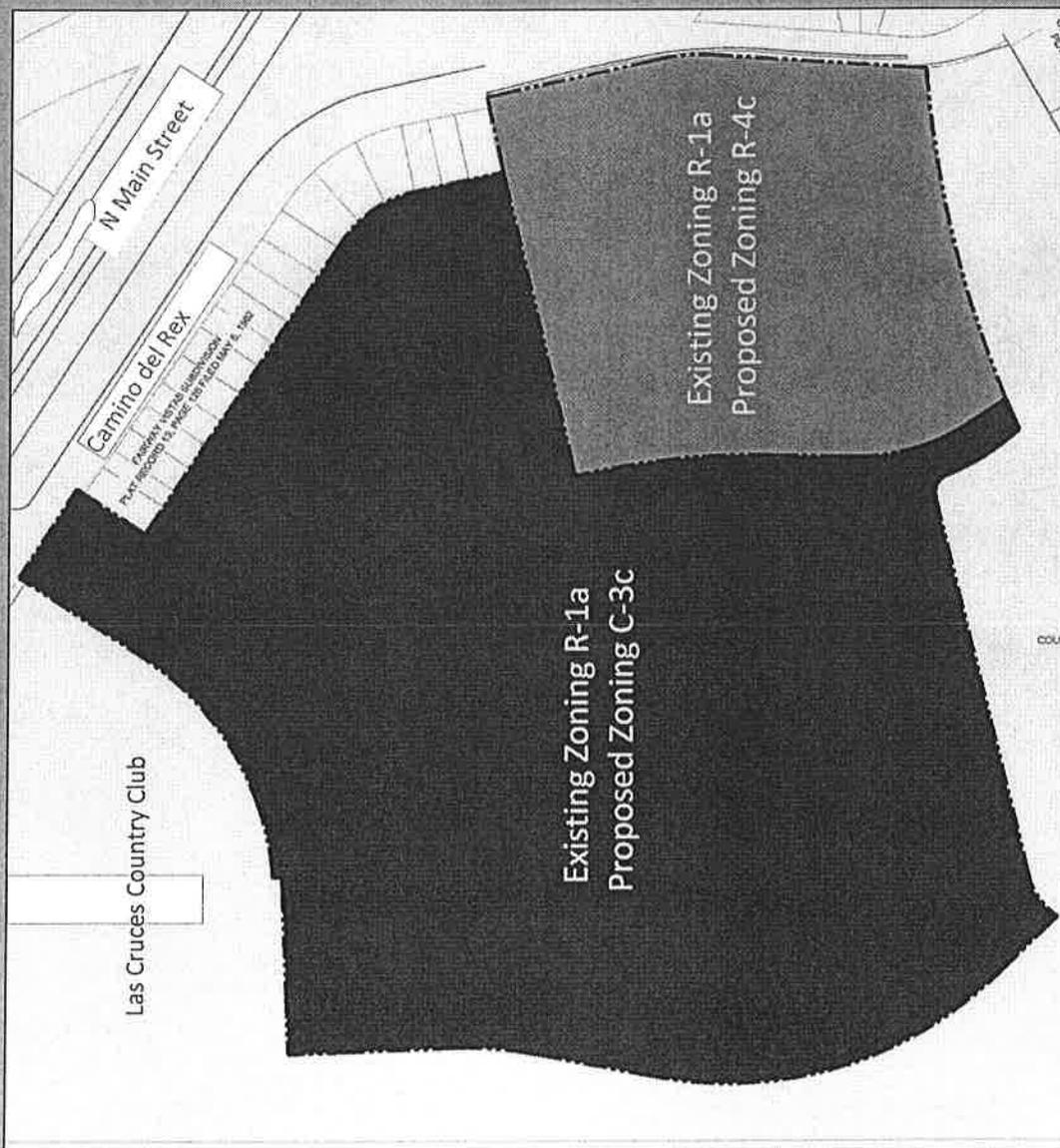
THIS PLAN IS PRELIMINARY. ALL SITE AREAS, BUILDINGS, AND LANDSCAPING ARE SUBJECT TO CHANGE PRIOR TO THE DEVELOPER'S DECISION. REFER TO THE FINAL PLAN FOR EXACT DIMENSIONS.





# PROPOSED ZONING PLAN

1518



## Existing Zoning

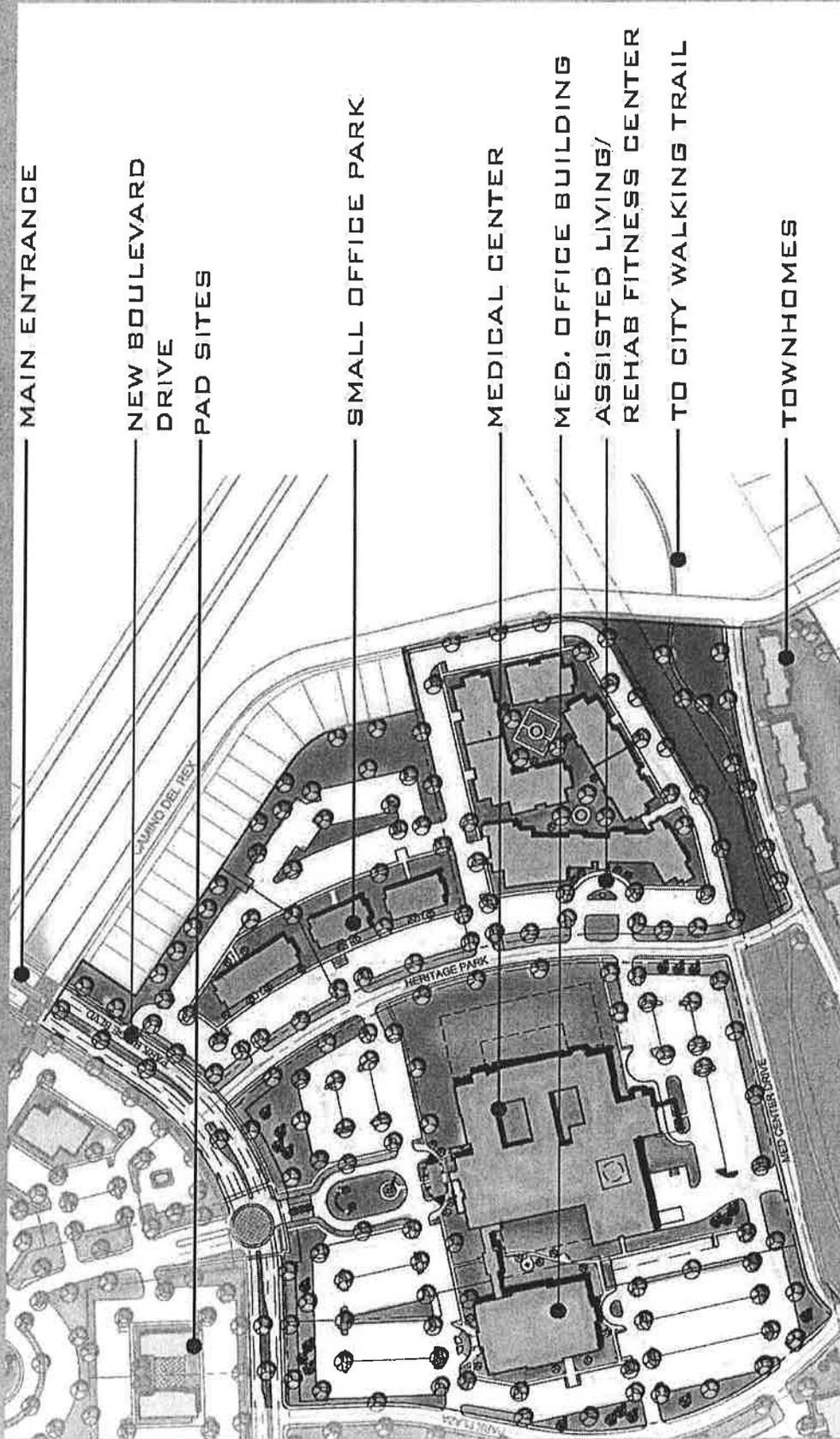
- R-1a (30.75 Acres)

## Proposed Zoning

- C-3c (23.44 Acres)
- R-4c (7.31 Acres)



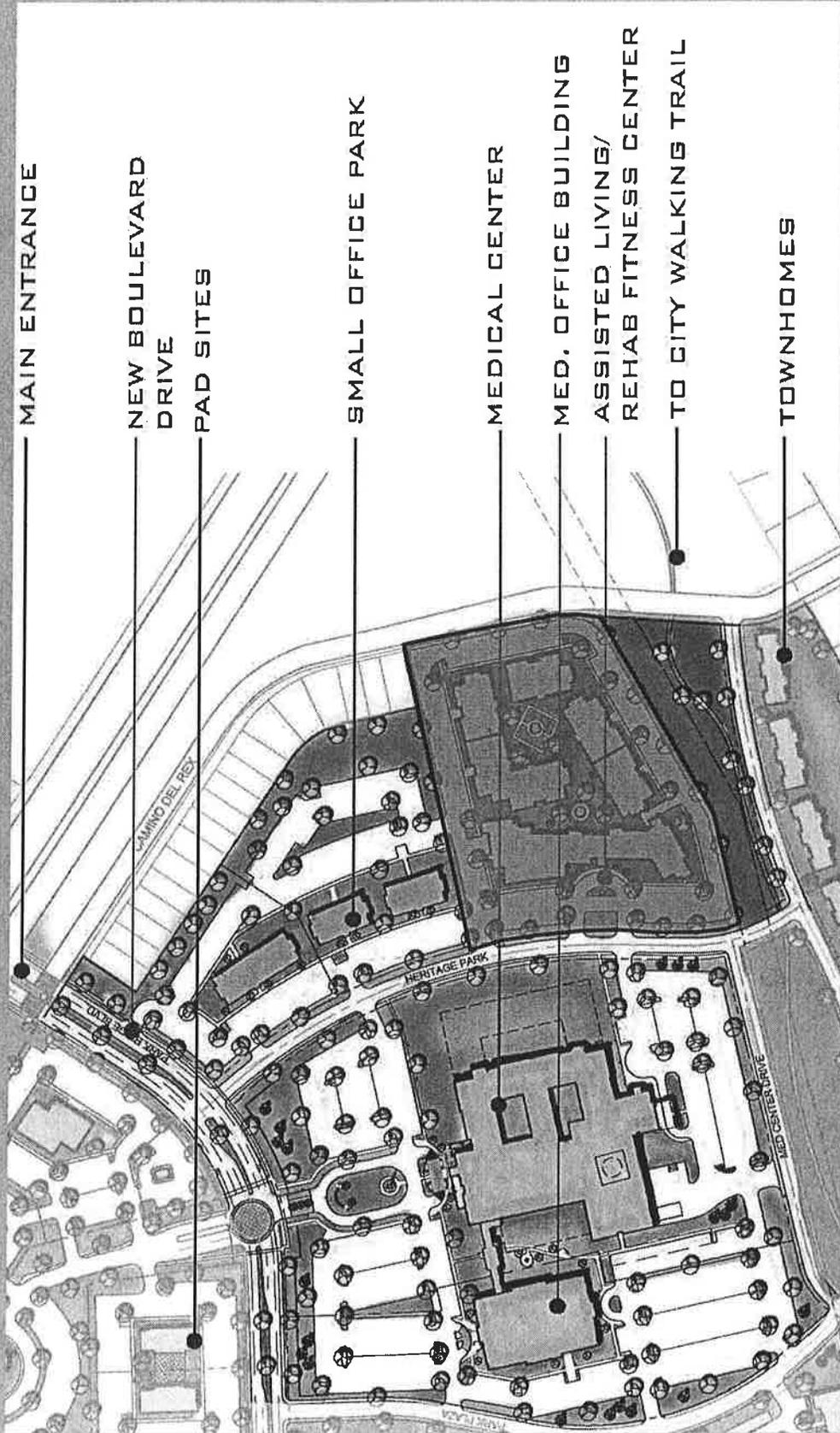
# PARK RIDGE MEDICAL CENTER



CONTINUUM OF CARE



# PARK RIDGE MEDICAL CENTER



MAIN ENTRANCE

NEW BOULEVARD DRIVE

PAD SITES

SMALL OFFICE PARK

MEDICAL CENTER

MED. OFFICE BUILDING

ASSISTED LIVING/

REHAB FITNESS CENTER

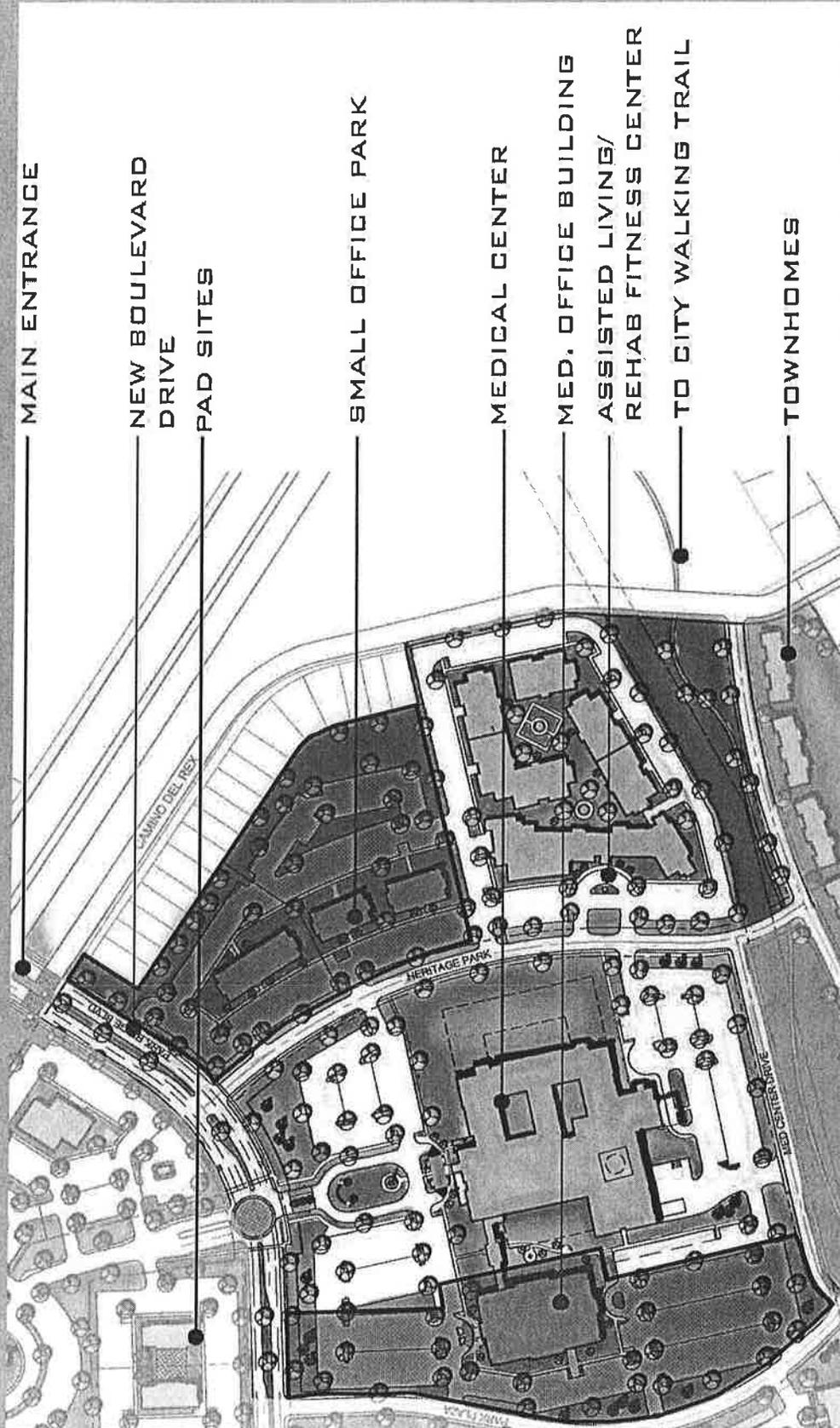
TO CITY WALKING TRAIL

TOWNHOMES

ASSISTED LIVING / REHAB & FITNESS CENTER



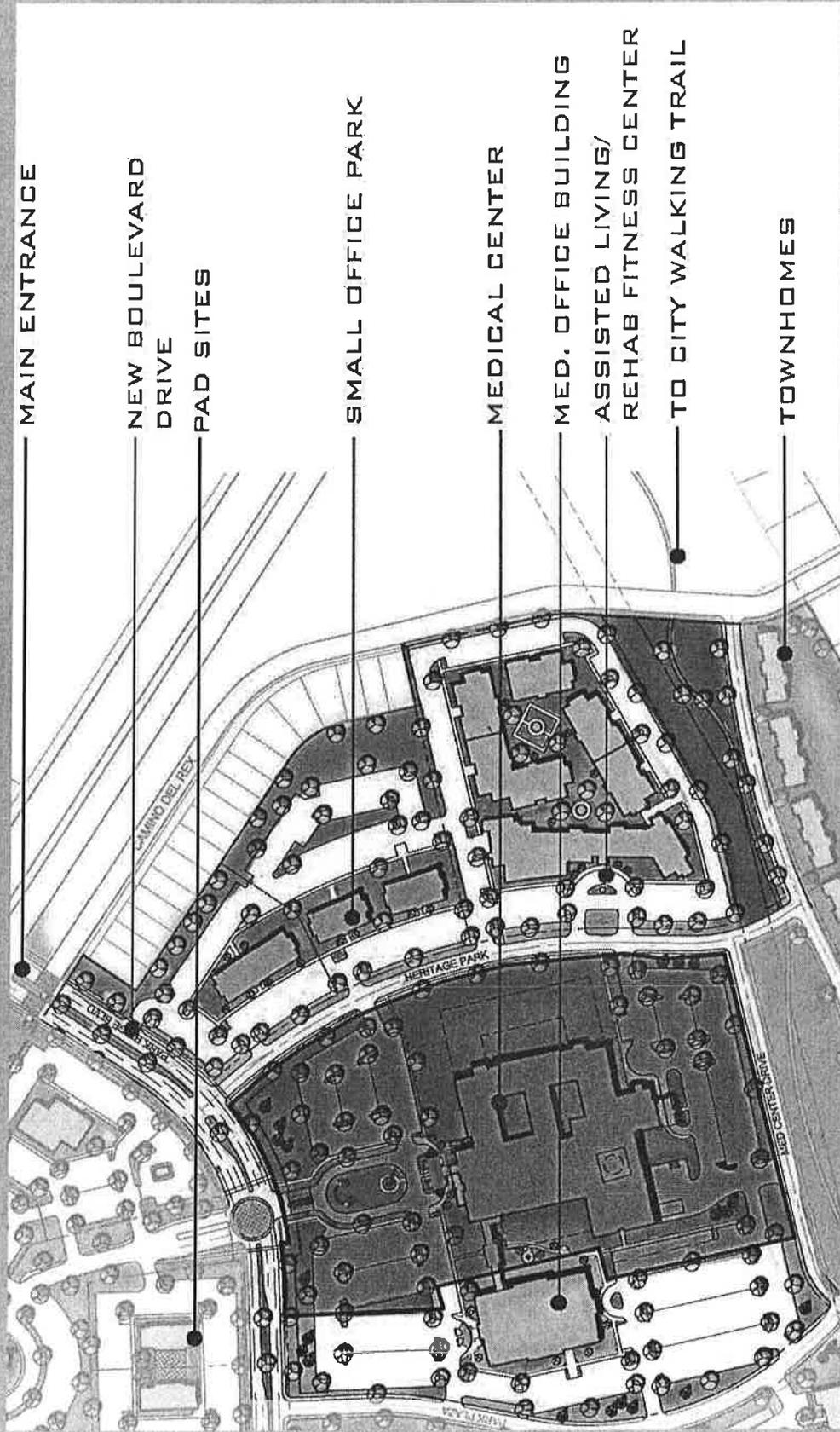
# PARK RIDGE MEDICAL CENTER



MEDICAL / WELLNESS / PROFESSIONAL OFFICES



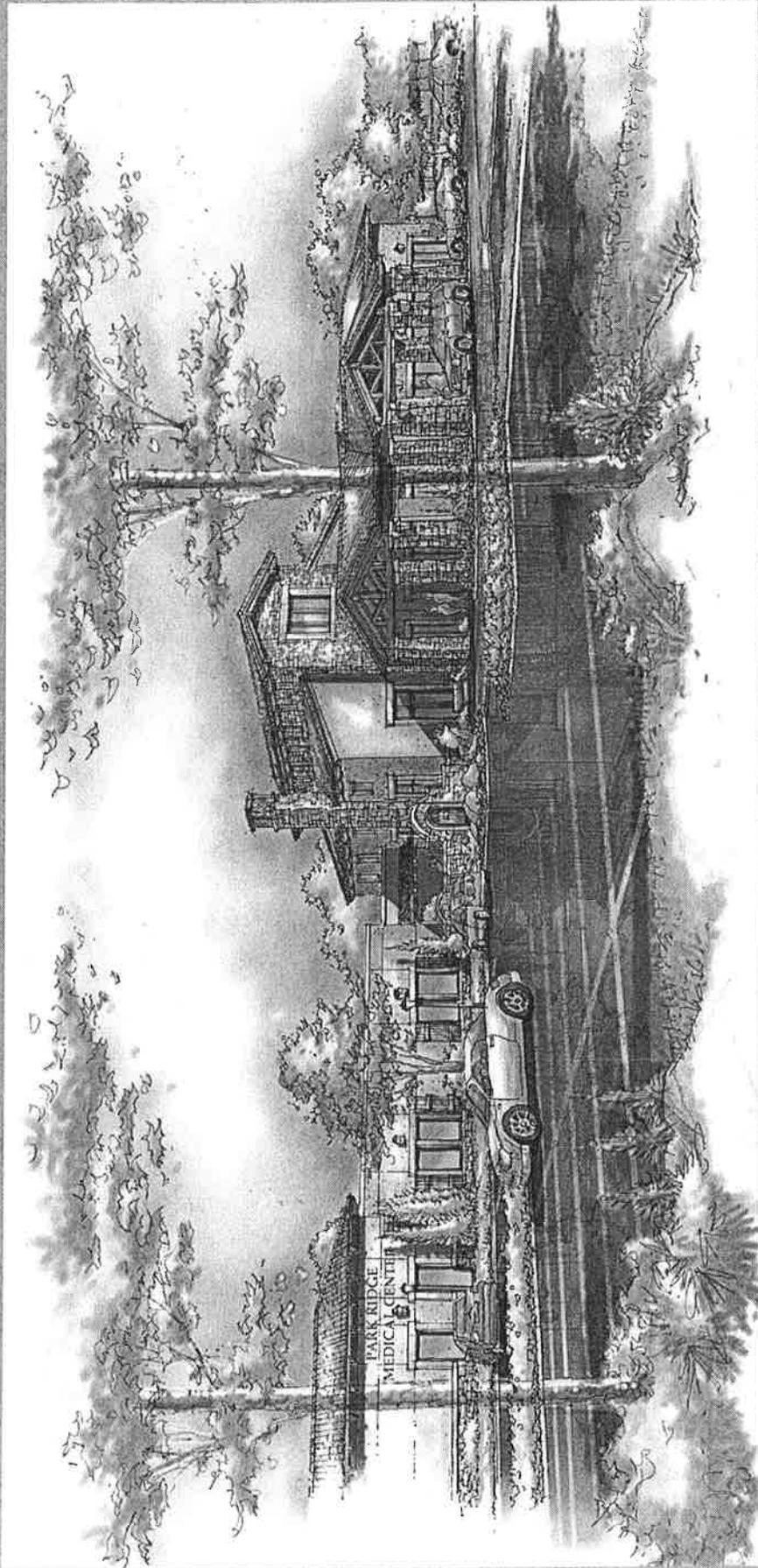
# PARK RIDGE MEDICAL CENTER



# HOSPITAL



PARK RIDGE MEDICAL CENTER



HOSPITAL



COMMUNITY OUTREACH

- Outstanding Discussion Items

- ❖ Traffic
- ❖ Drainage
- ❖ Open Space
- ❖ Buffers and Setbacks
- ❖ Building Heights
- ❖ Sanitary Sewer



RESPONSE TO COMMUNITY INPUT

Open Space

- ❖ 1.37 Acres (4.45 % of total acreage)
- ❖ Pocket Park
- ❖ Hiking Trail

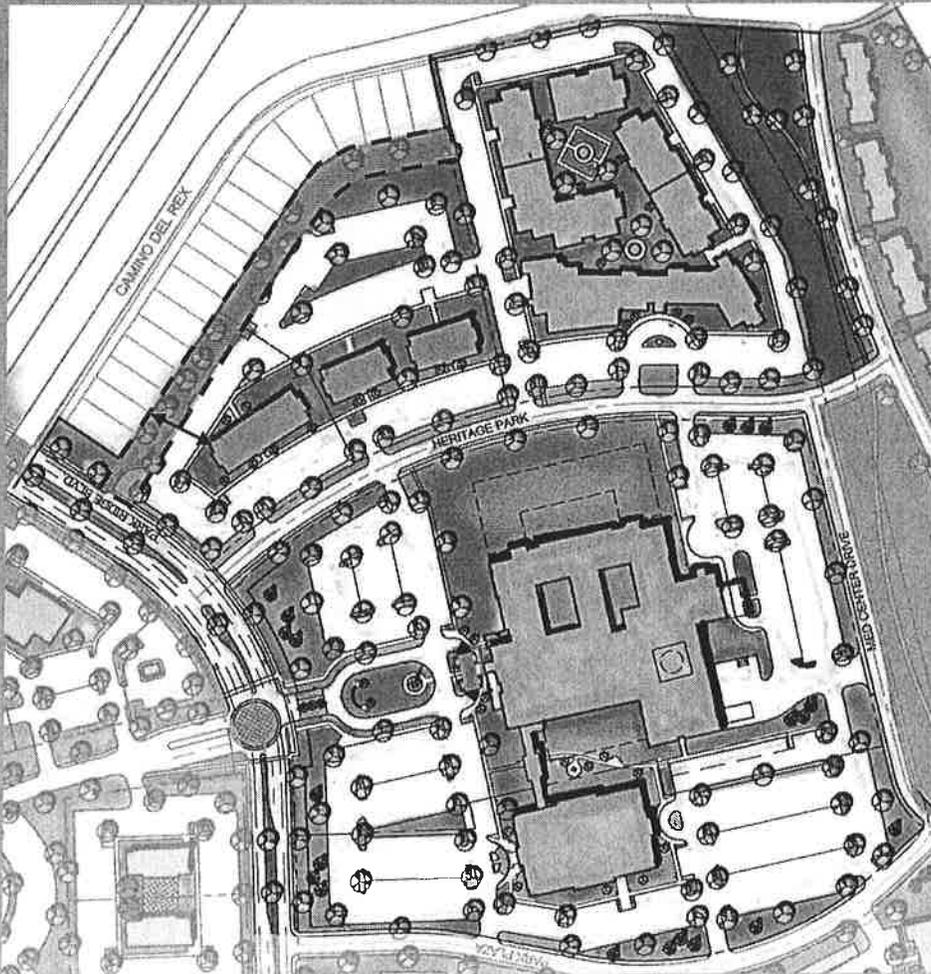




RESPONSE TO COMMUNITY INPUT

**Buffer/Setback**

- ❖ 40' Landscape Buffer directly behind existing Townhomes on Camino del Rex
- ❖ 80' Building Setback from property line along existing Townhomes

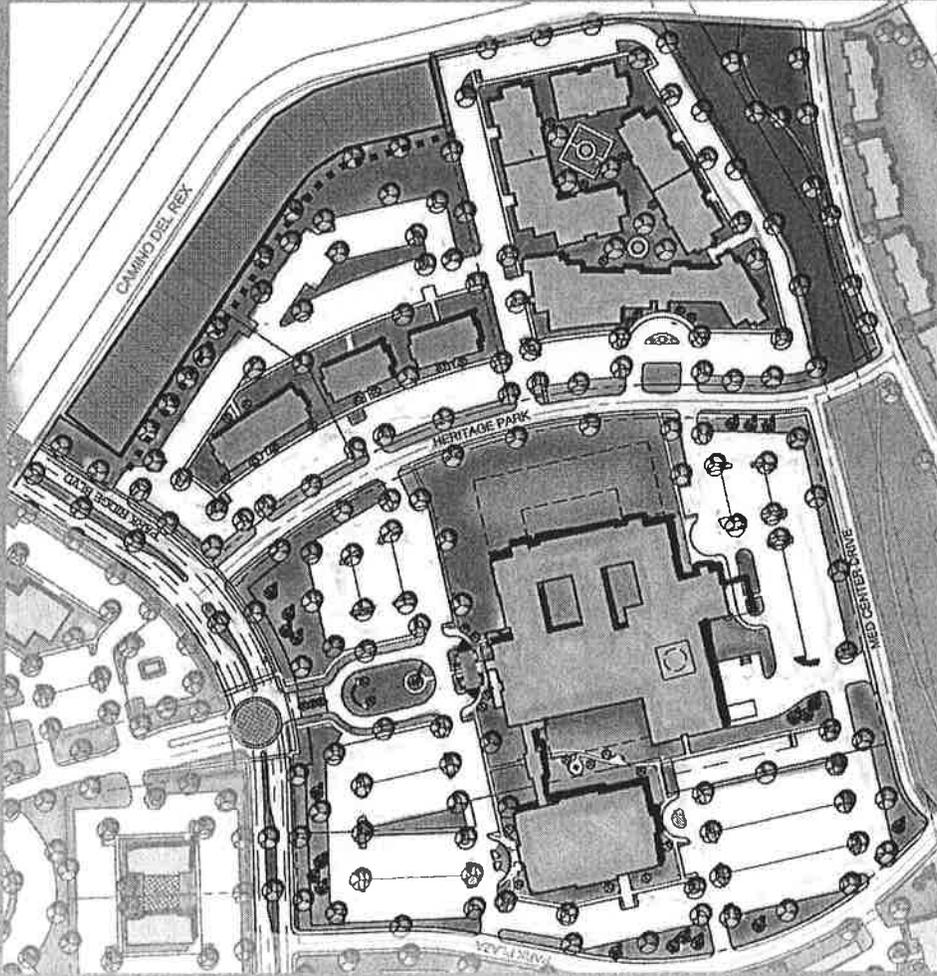




## RESPONSE TO COMMUNITY INPUT

### Sewer Line

- ❖ Developer proposes to install new sewer line to connect existing townhomes on Camino del Rex to City Sewer System
- ❖ New sewer line to be located on a 15' utility easement within Park Ridge Medical Center
- ❖ Developer offers to cover cost for:
  - Abandonment / decommission of existing septic tanks
  - Connection to new sewer line
  - Tap fees





## RESPONSE TO COMMUNITY INPUT

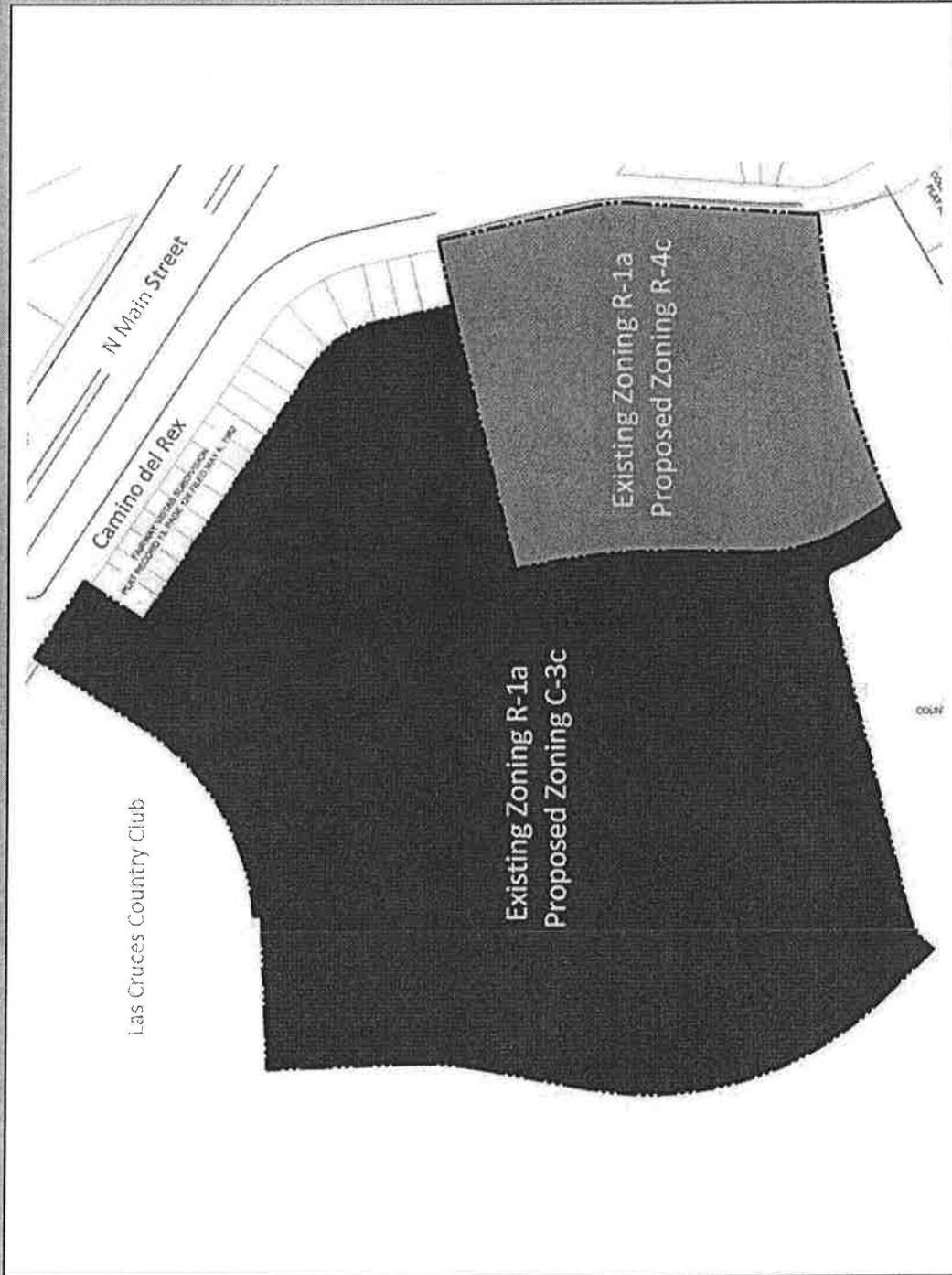
### Building Heights

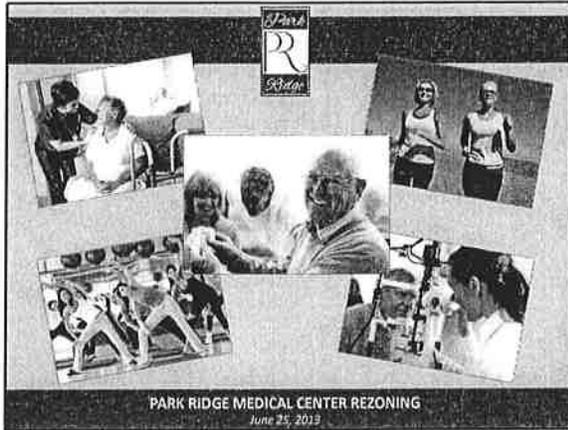
- ❖ Buildings located directly behind existing Townhomes on Camino del Rex will be no greater than two story.
- ❖ Hospital Building will be one story.





PARK RIDGE MEDICAL CENTER





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**PARK RIDGE PROPOSED LAND USES**

- Proposed Mix of Uses Includes:
  - ◆ Residential and Multifamily
  - ◆ Parks and Open Space
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  - ◆ Continuum of Care Retirement Center
  - ◆ Medical Campus



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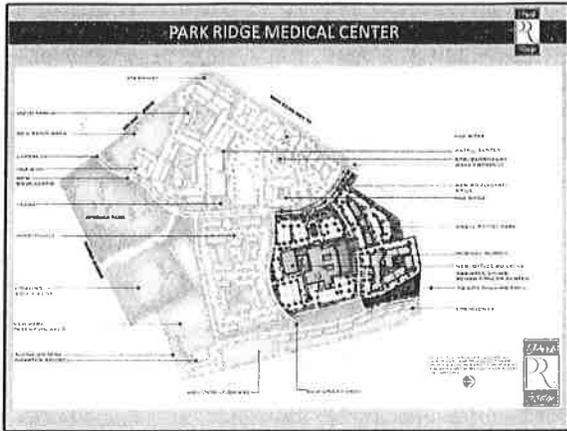
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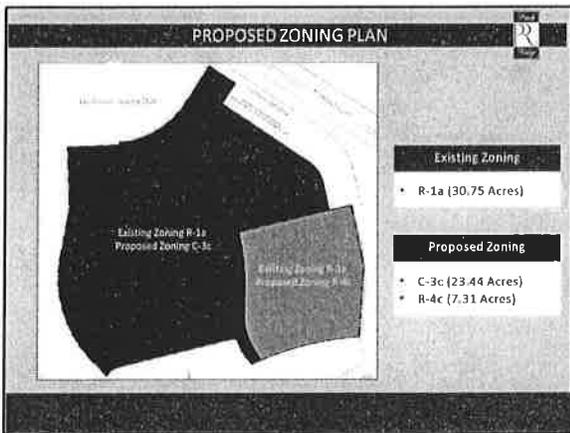
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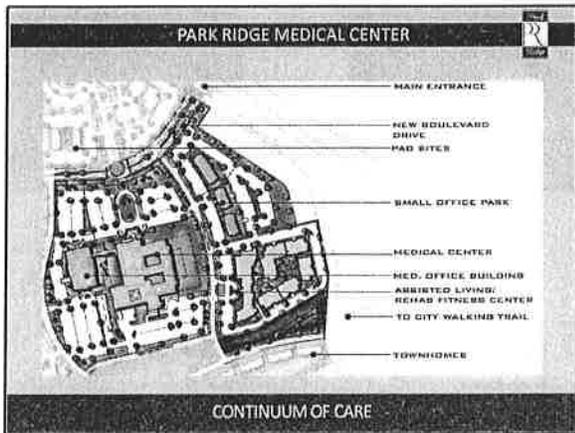
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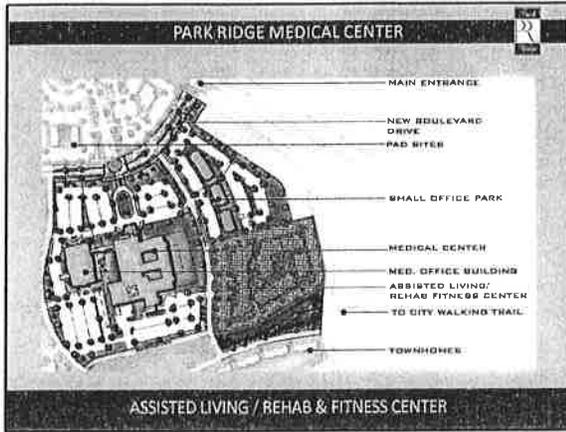
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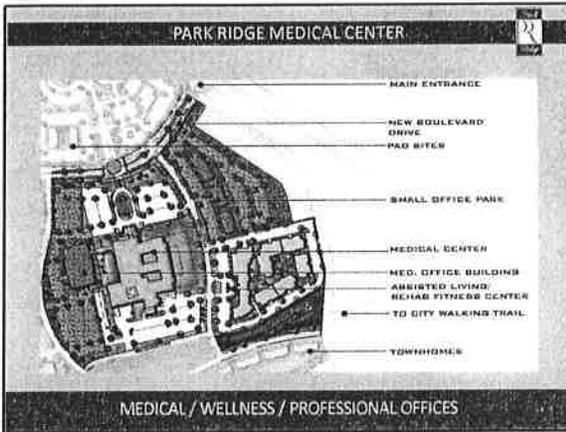
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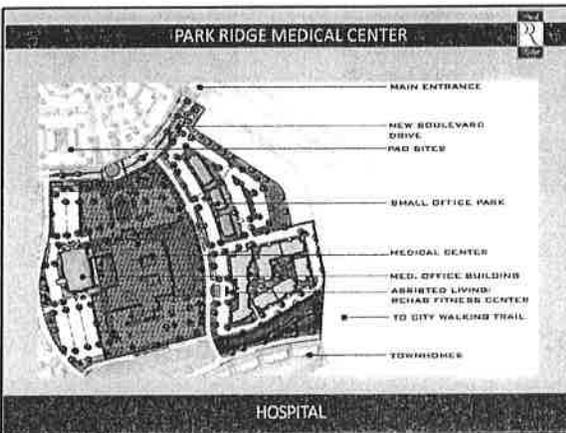
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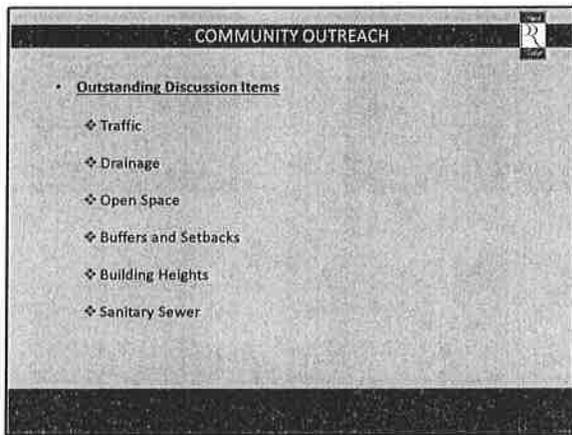
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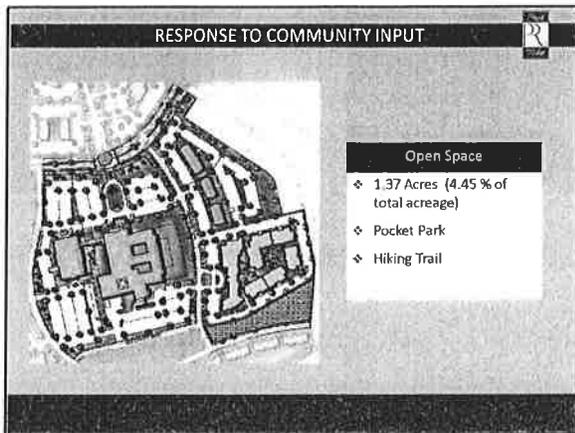
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**RESPONSE TO COMMUNITY INPUT**



**Buffer/Setback**

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**RESPONSE TO COMMUNITY INPUT**



**Building Heights**

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- ◆ Hospital Building will be one story.

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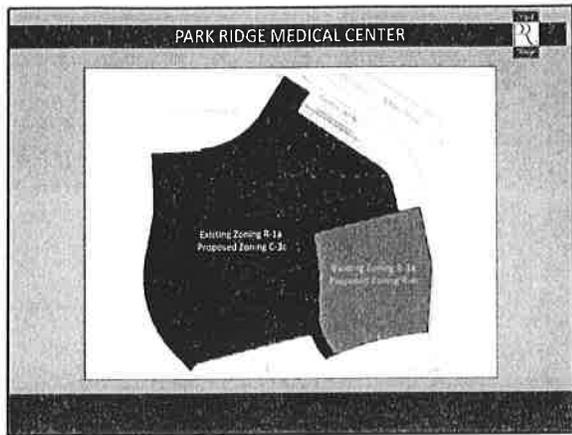
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# Country Club Neighborhood Association

## Position on Park Ridge Development Zoning Application

1536



# Country Club Neighborhood Association Boundaries



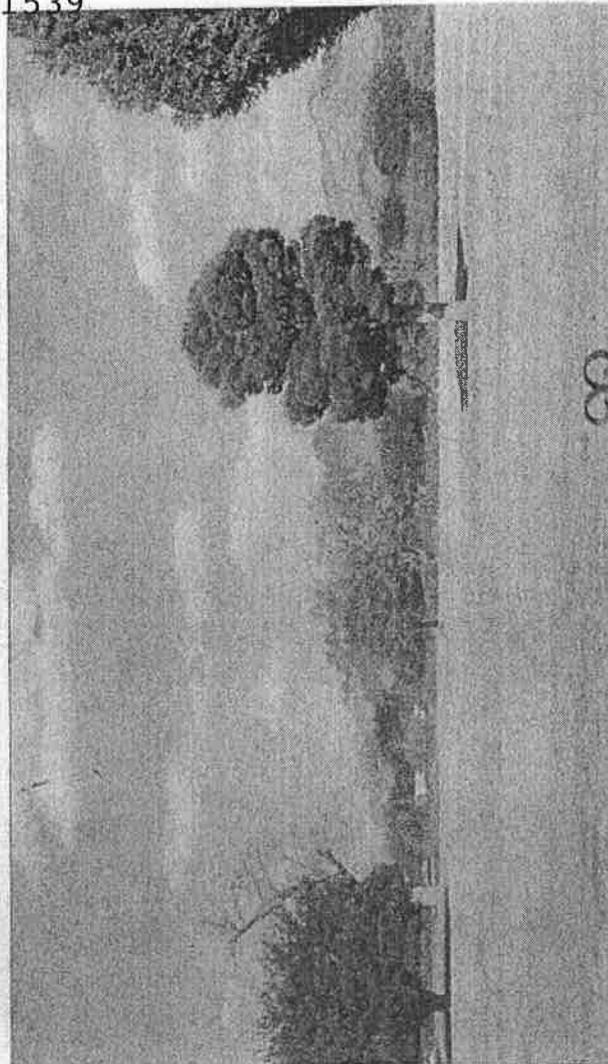
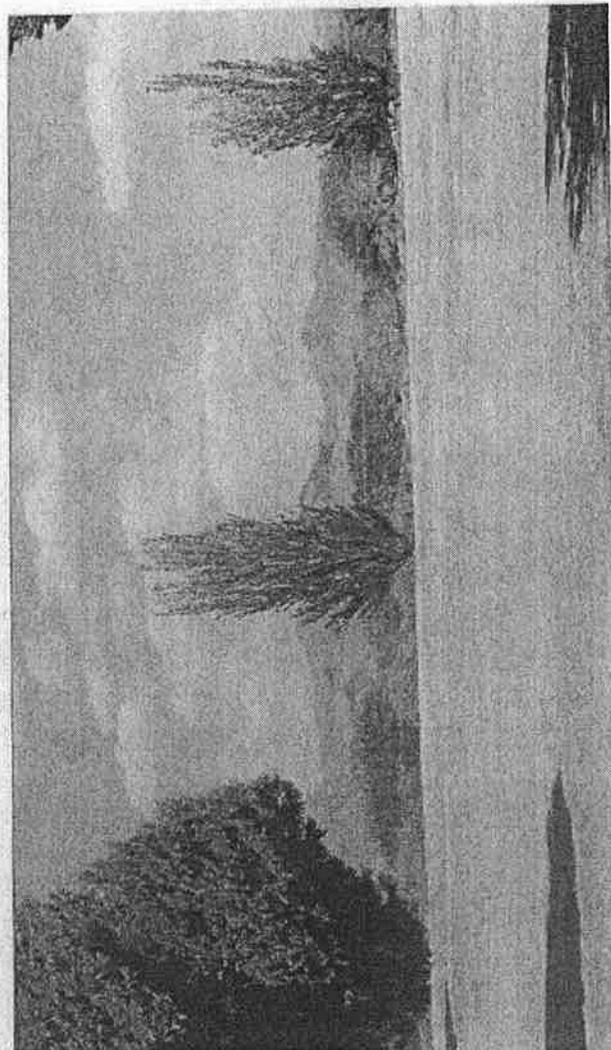
CCNA represents over 700 homes, with an average density of 3 homes per acre.





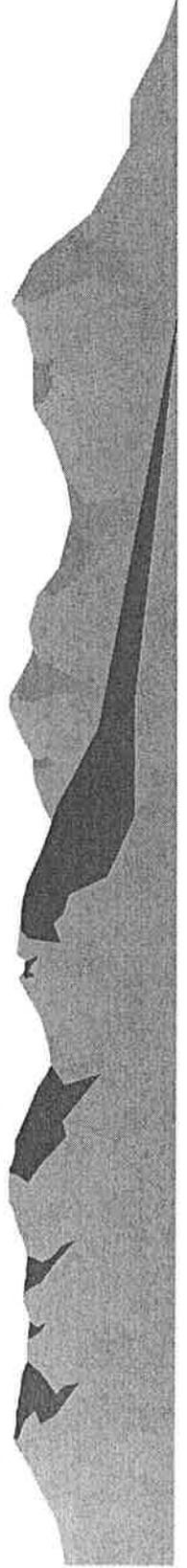
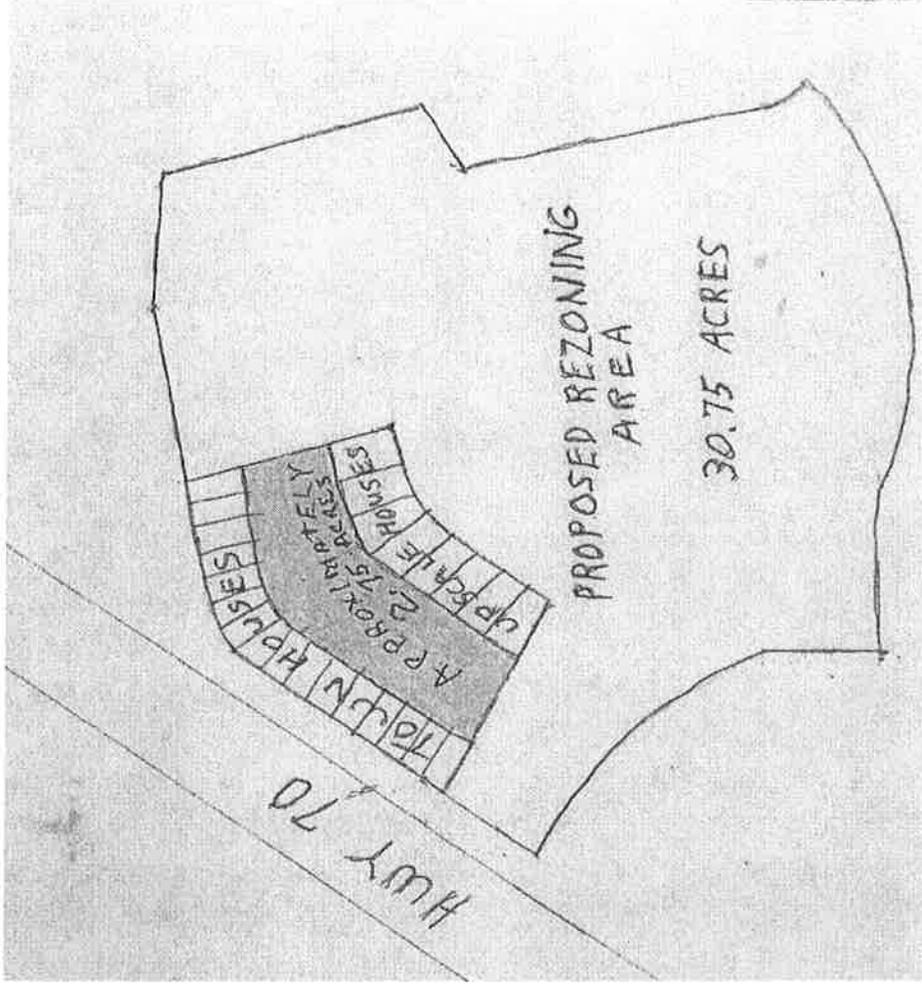
# R-1 Existing Beautiful Views

1539



# City Recommends Small Parks

“consider usage, fit within the neighborhood, and environmentally friendly design” .... “Preserve and respect scenic views, sites, and corridors in a manner that reasonably compensates, provides incentives, maintains similar existing rights, or in another similar manner that balances the public and property owner interests” .



# CCNA is in Favor of Development

- CCNA members voted unanimously in favor of “sustainable development of the Country Club property that is safe and consistent with the neighborhood character.” (June 10, 2013)
- CCNA has worked with three (3) developers since 2006.



# CCNA Members are Concerned

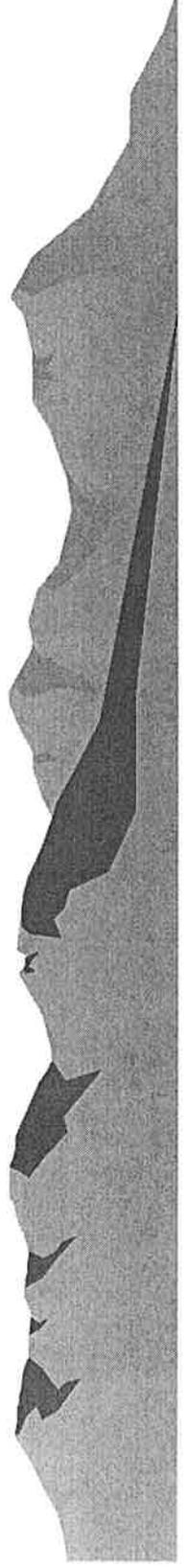
- Entire site should be considered as PUD
- 30 acre zoning application is incomplete
- C-3 and R-4 zoning is too high for the entire site
- Feasibility of physician-owned/investor hospital
- Concerns with investors and developer



# Original PUD Application

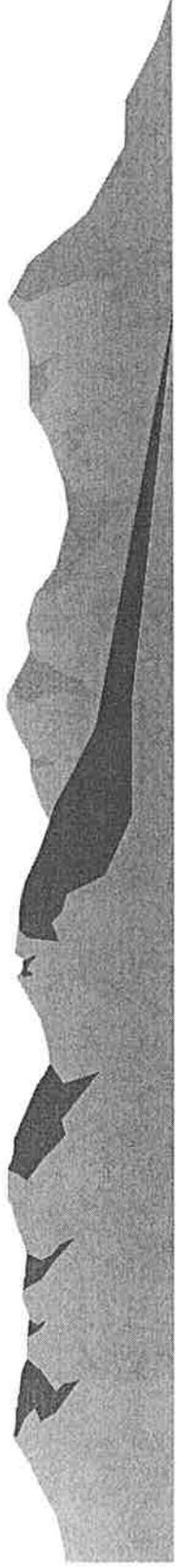
- Original 110 acre PUD Concept Plan filed March 4, 2013
- City raised numerous concerns
  - No waiver requests for design deviations
  - City requested development schedule, drawings and plans (open space plan, flood plan, noise impacts, ADA, etc.)

City planning staff “cannot support this application as currently proposed” .



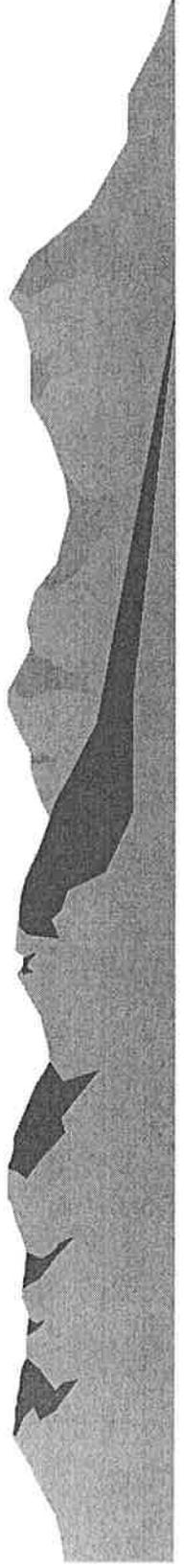
# Traffic Issues

- Second needed entrance/exit not identified
- Driving lanes and sidewalks too narrow
- Bike lanes insufficient
- Parkways inadequate for promised trees
- No vehicular, bicycle and pedestrian circulation plans
- No streets illustrations
- No traffic mitigation plan to keep non-residents off Country Club minor residential streets



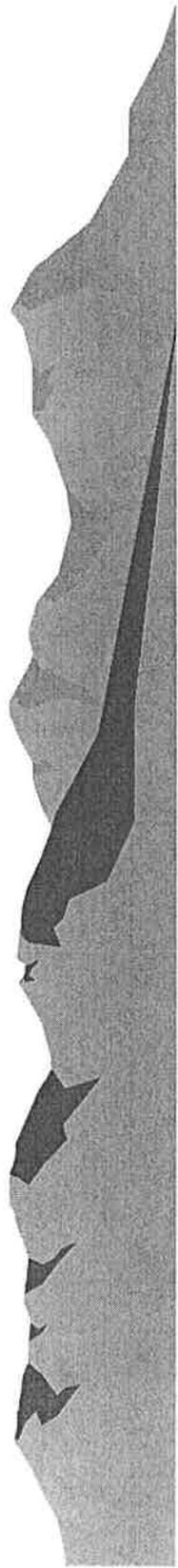
# Zoning Application

- Instead of responding to the City's comments on its PUD application, a zoning application was submitted on April 22, 2013 for 30 acres, representing phase 1 & 2 of the PUD.
- The entire 110 acre development needs a thorough assessment of economic, environmental, social and traffic impacts.



# Zoning Application is Incomplete

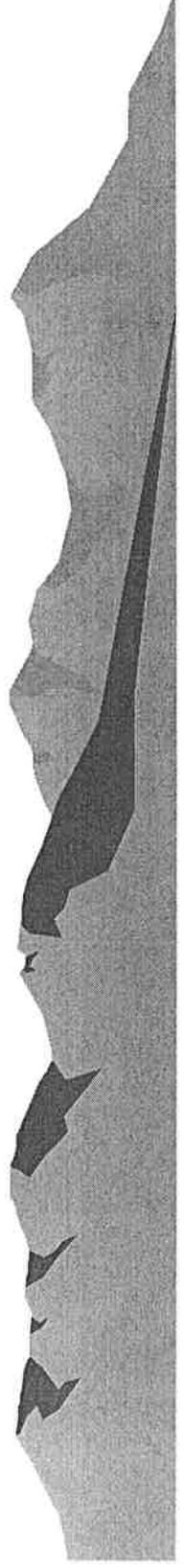
- Applicant has not provided a site plan at adequate scale with
  - improvements and setbacks
  - architectural renderings and dimensions of buildings
  - vehicular, pedestrian and bicycle circulation
  - landscaping, open space and drainage facilities plans
  - site lighting and signage
  - environmental impact statement



# City Response to Zoning Application

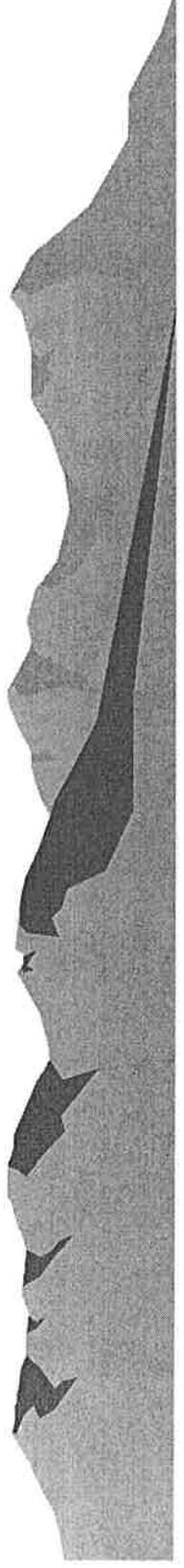
- City planning staff recommends conditional approval, but references the need for:
  - construction drawings
  - traffic study
  - utility master plan for entire 110 acres

CCNA believes the above should be provided *before* approval, not *after*.



# C-3 and R-4 Zoning is too High Density

- All property east of the proposed development is zoned R-1a
- South and southwest of the property is the rest of the golf course (R-1a) and C-1 and C-2 zoning on Madrid and Solano
- Properties along Main Street north of the property are zoned C-2 and C-3
- C-2 would be sufficient for the one story hospital that the developer says it intends to build





# Impact on Townhouses

- The planned two-story Assisted Living buildings will:
  - surround the R-1b townhomes
  - block existing views of the townhomes, diminishing their value
  - produce noise and traffic 24/7 with staff shift changes, visitors, medical personnel, and suppliers



# Traffic Issues

- Zoning application estimates 6,950 trips per day.
- An existing traffic study shows streets in the Country Club neighborhood are already used frequently by non-residents to get to school and to East Las Cruces.
- Residents are concerned about ambulances and other traffic using neighborhood streets (to avoid stop lights, US 70 construction and congestion), posing a safety hazard to children and elderly pedestrians in the Country Club neighborhood.



# Drainage Issues

- Madrid to Mesquite is a Flood Plain/Zone
- Development will alter this land from 10% retention to +30% runoff – a 40% increase
- Madrid and Solano are already inadequate for runoff



# Trojan Horse

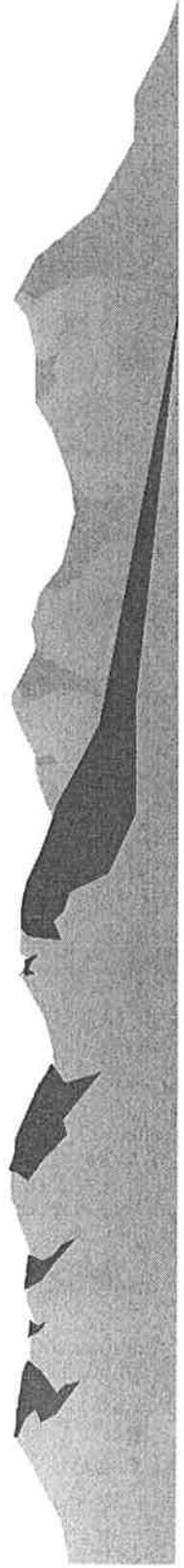
- Zoning can become a Trojan Horse, if hospital isn't built but land remains C-3/R-4 High Intensity Zoning
- Full development instead of phases would provide some protection to residents and taxpayers from Trojan Horse development
  - Indian Hollow: zoned for “mini Trader Joe’s, now Liquor store and ???



# HEALTHCARE COMPONENT OF ZONING APPLICATION

1554

Connie J. Potter, RN, BSN, MBA;HCA  
Chair, CCNA Infrastructure Committee



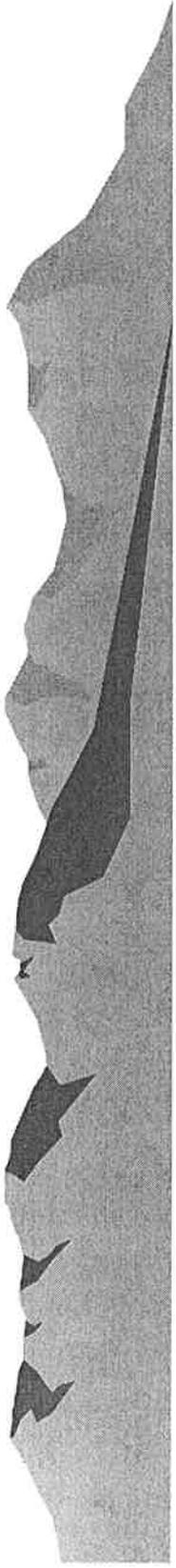
# There is No Need for Another Hospital in Las Cruces

- Current (2011) data shows total outmigration since MountainView Regional Medical Center built has dropped from 25% to less 7%
  - El Paso: 5% excluding OB which Galichia Medical Center apparently will not provide
    - Trauma care
    - Many for convenience for extended families
  - Albuquerque: 1.8%
    - **LAS CRUCES HAS NO TRAUMA CENTER**
    - 13 Trauma
    - 2 Burns (Trauma)
    - 2 TBI (Trauma)
- Source: AHA.com, Solucient, and Texas Healthcare Information Council



# Impact on Safety Net Hospitals and Increase Cost of Care when Specialty Limited Service Hospitals Enter the Market

- Four communities studied
  - Black Hills, SD; Lincoln NE, Oklahoma City, OK & Wichita KS (*McManus Consulting, AHA, et al*)
- Collectively 18 physician-investor specialty service hospitals opened 1995-2005
- 3 communities had 2 safety net hospitals, one (OC) had ten full service hospitals
  - OC market experienced an additional 7 physician owned/investor small specialty hospitals



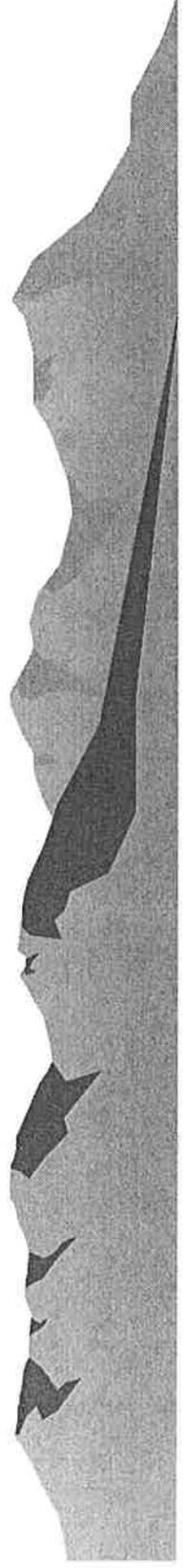
# Key Factors in Specialty Physician Investor Hospitals

- Patient selection by redirecting physician practice
  - “the ability to schedule consecutive cases without pre-emption by emergency procedures” (*IPO to Investors, Black Hills Surgery Center*)
  - Patient selection tactics yield high profits at expense of broader healthcare needs
    - Focus on well reimbursed procedures
    - Focus on patients with Good Reimbursement
    - Avoid emergency cases (transfer anything complex via EMTALA)
    - Focus on patients in overall good health



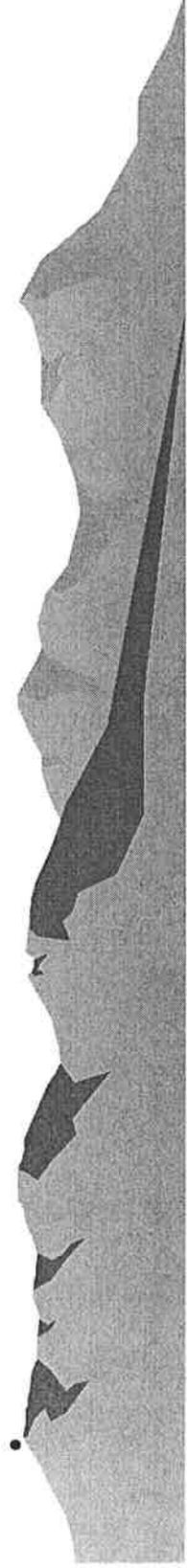
# Physician Investors Move Patients at Will to “Their Hospital”

- Bryan LGH, Lincoln NE cardiac surgeries
  - 1999 = 1512 procedures
  - 2004 = 60 after NHI opened its new heart hospital
- “One great cardiac program became two good programs”
- Focus on well reimbursed procedures
  - All case studies showed pattern
  - 4 Heart Hospitals = net income/case \$8,285
  - 3 Neurosurgery = net income/case \$3,430
  - 6 General Surgery = net income/case \$3,300



## Physician Investor Specialty Hospitals Serve More Commercial and Fewer Medicaid Patients

- Leaves the full service safety net hospital with predominance of Medicare, Medicaid, and Self Pay
- Offer limited emergency services
  - EMTALA requires acceptance of transfers if hospital doesn't offer service 24/7
    - **OB, Pediatrics, complex medical**
  - Specialty hospitals entry point is through physician offices who can pre-screen for complexity and co-existing conditions
  - Refer complex cases to tertiary safety net hospitals
  - Higher profit margin of 3-7% compared to 0% at community hospitals



# Focus on Profits, not Patients

“And the last thing and the easiest thing is money. There’ll be a lot of money out there... Why go to a surgical facility? Profit, profit, profit.”

– Larry Teuber, Founding Partner of Black Hills Surgery Center, addressing the American Association of Neurological Surgeons Annual Meeting, 2000



# Impact, Declining Finances and Resources at Safety Net Hospitals

“The Nebraska Heart Hospital doesn’t provide anything we don’t already have in the community... fragmentation spreads out the business, erodes margins and puts quality at risk...”

*Lincoln Physicians at Bryan LGH, Lincoln NE*



# Net Incomes at Safety Net Hospitals Dropped Drastically

- Wesley Medical Center, Wichita KS
  - Net income fell \$16 Million after the opening of Galichia Heart Hospital in 2000
- Rapid City Regional Medical Center
  - Net income fell \$18 Million after opening of Black Hills Surgery Center
  - BHSC income grew by the SAME AMOUNT



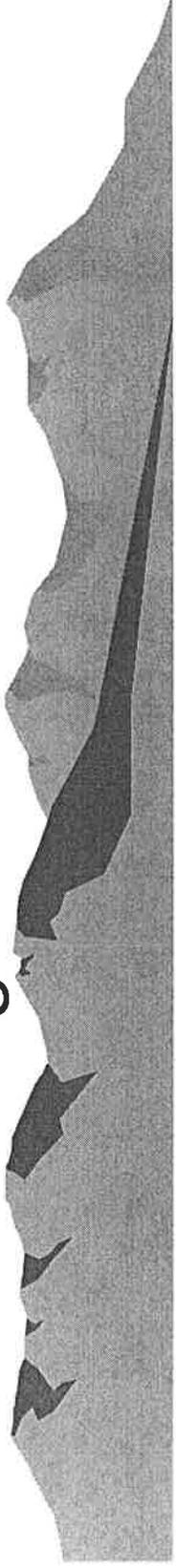
# Safety Net Hospitals Cut Staff and Patients Have Access Problems

- Key physician investors/owners opted out of community emergency call
- Trauma centers closed or reduced their level from II to III (OK)
- OK Trauma System nearly disintegrated
  - Required a \$6 Million taxpayer Medicaid bailout (*Bishop + Associates*)



# Critical Unprofitable Services Cut

- Behavioral health
- Trauma
- Subsidized services for Low Income population
  - Outpatient clinics, outreach, prenatal
  - Health education and wellness
- Medical education
- More borrowing with downgrading of some bond ratings



# Wesley in Wichita: Layoffs and Stiff Competition for Essential Staff

- Wesley: laid off 120 FTEs in 2001 and 54 more in 2003
- Sold occupational health
- Closed electron microscopy research
- Closed Pharmacy research
- Closed outpatient pharmacy
- Downsized other unprofitable programs
- Increased cath lab salaries \$2/hr. (cost \$2.5 Million) and paid retention bonuses of \$7,500 each



## Specialty Hospitals Decrease Utilization at Safety Net Facilities and Increase Overall Cost of Care

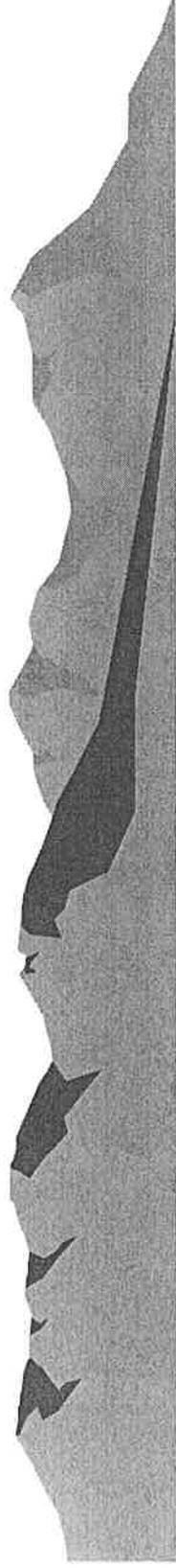
“This now doubles (or more) the  
capital investment in the  
community... to provide the same  
services.”

**Senior Manager, Blue Cross Blue  
Shield of Kansas**



# Specialty Hospitals Raise Issues of Over-Utilization

- Black Hills region
  - Outpatient surgeries up 120%
  - Inpatient surgeries up 50%
- The Dartmouth Atlas places the four cases above the 65<sup>th</sup> percentile for targeted procedures (back, coronary bypass, hip replacements, etc)
- Rapid City hit the 99<sup>th</sup> percentile for back surgery



# Helipad Presents Extraordinary

## Risks: *Source: StoptheHelipad.com*

- Airmedical crashes are 14x that of general aviation
- Research shows no better outcomes from air transport
- Cost is >\$25,000 per flight
- Data shows hearing damage occurs at 80 db and helicopter landing is 120 db
- Structural damage occurs to neighboring buildings
- Loss of property values near source of noise
- Trees and high tension lines make GMC an unsafe landing site
- Other hospitals average only 30 flights/month
- Flights over residential neighborhood, Park and schools are inherently unsafe



# MVEDA Revenue Forecast

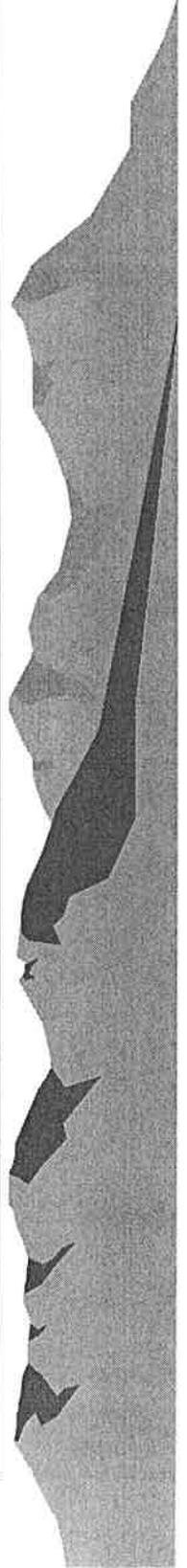
- MVEDA did not consider that few to none of the patients, procedures, visits would be new to the community
- Staff and physicians are already in practice here and paying taxes
- Income and revenue stream for Galichia Medical Center and its clinics will be derived from the existing practices and patients currently treated locally



# MVEDA Analysis Totals 2013-2015\*

**\*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS WHICH WILL HAVE EQUAL OR GREATER NET LOSSES**

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
456 GMC	\$61,454,300	\$136,512,190	\$6,459,444	\$4,861,336
54 Parkridge Medical Office	\$7,169,668	\$15,926,422	\$1,221,392	\$ 924,423
61 Assisted Living Center	\$8,193,907	\$18,201,625	\$1,317,447	\$1,049,337
45 Transitional Rehab	\$6,145,430	\$13,651,219	\$ 526,569	\$ 444,113



# MVEDA Analysis Totals 2013-2015\*

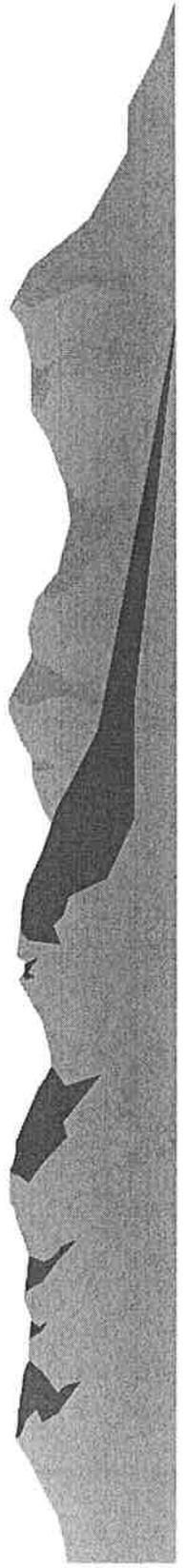
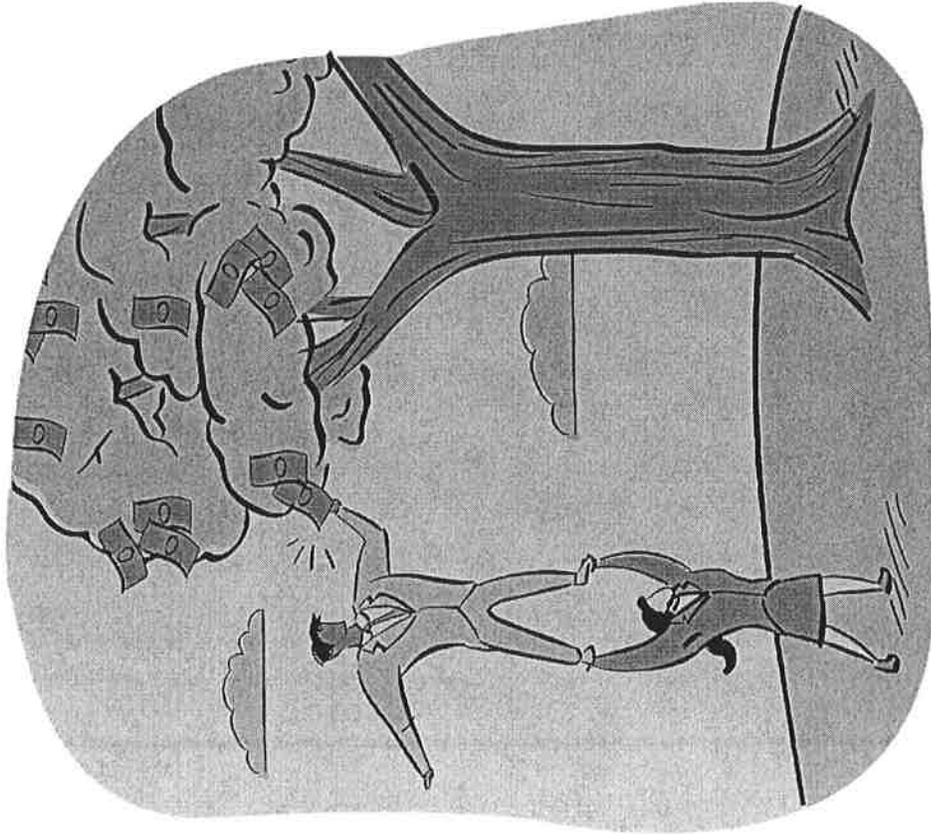
**\*BASED ON FLAWED DATA; MONIES WILL BE SCAVENGED FROM SAFETY NET HOSPITALS THAT WILL HAVE EQUAL OR GREATER TOTAL NET LOSSES**

Employee	Personal Income	Output (Revenue)	Local Tax Revenue	State Tax Revenue
20 - Build to Suit #1	\$2,663,020	\$ 5,915,528	\$ 219,213	\$ 170,637
44 - Build to Suit #2	\$5,940,528	\$13,196,178	\$ 804,657	\$ 484,689
175 - Build to Suit #3	\$23,537,482	\$52,329,673	\$1,367,394	\$1,102,505
20 - Build to Suit #4	\$ 2,663,020	\$ 5,915,528	\$ 177,779	\$ 140,567



# Flawed Economic Analysis

*Rather than a net gain or even a zero sum effect based on revenue, household incomes, and physician practice collections, the developer has utilized, in a misleading manner, the Mesilla Valley EDA (MVEDA) estimates regarding new jobs, new state and local taxes and could be considered intellectually dishonest because they do not subtract the losses at the two currently economically viable existing hospitals from whence physicians, staff, and patients will be selectively transferred within the city to the new physician investor specialty hospital. MVEDA has clarified such in the public record.*



# Summary

- Lack of need for specialty hospital services negatively impacts safety net hospitals
- Cost of labor for lost staff, recruitment and orientation, bonuses at OU cost over \$2.5 Million
- Las Cruces has a severe nursing shortage already and competes with El Paso for its nursing resources. The closure of the DCCC nursing program exacerbated this problem
- Physician community is typically divided and devicive after these healthcare situations occur

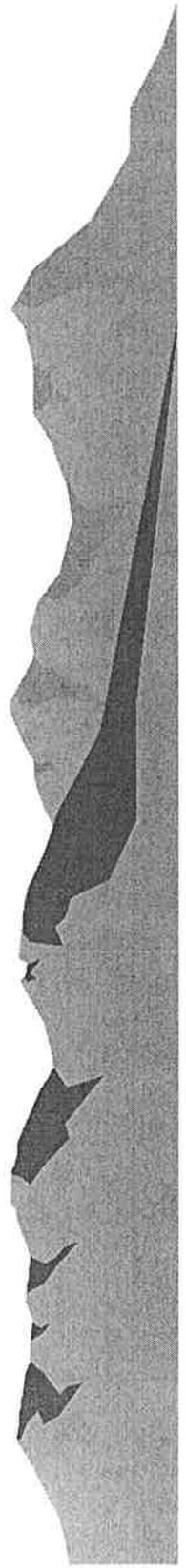


??????????

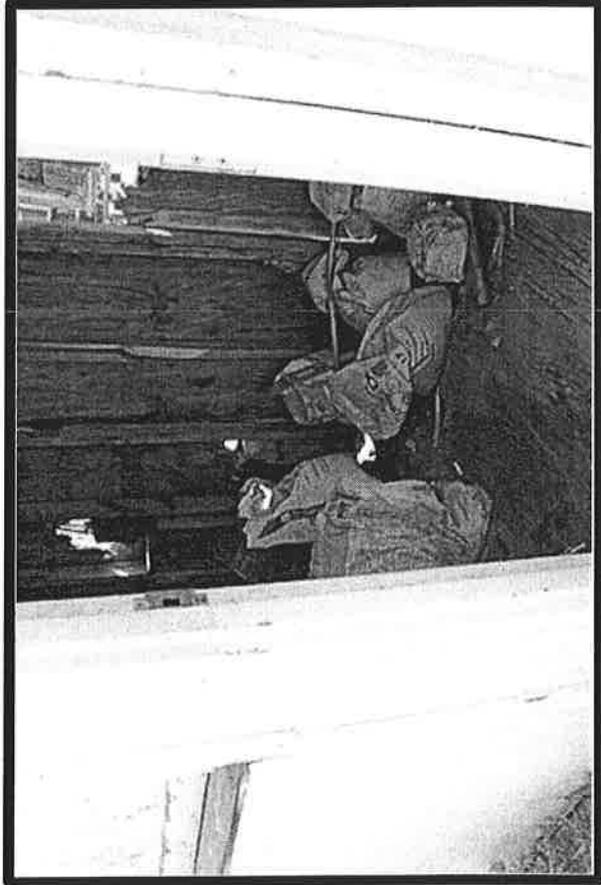
**Economic Development Element to Zoning**  
Goal 1: To provide strong development policies that allow the retention, expansion, and attraction of existing and new businesses and industries to Las Cruces.

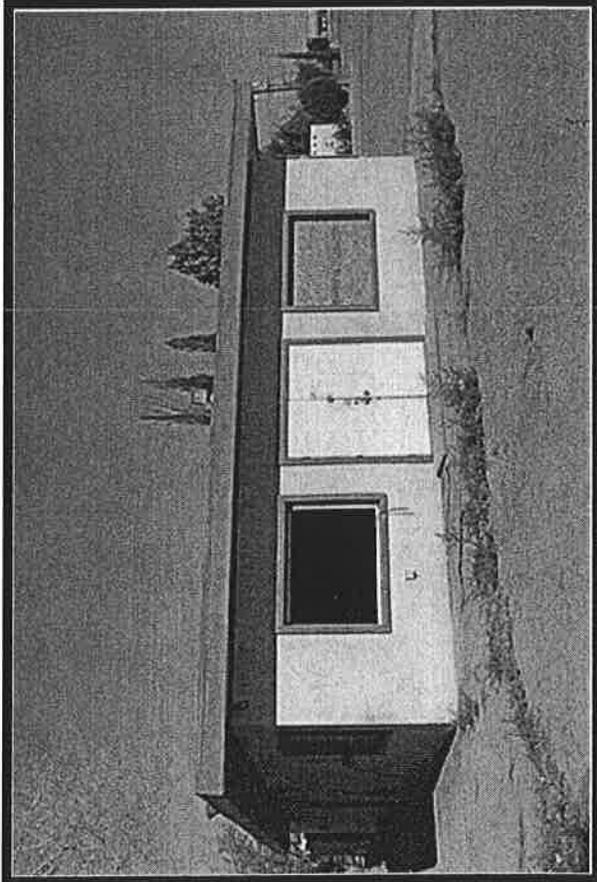
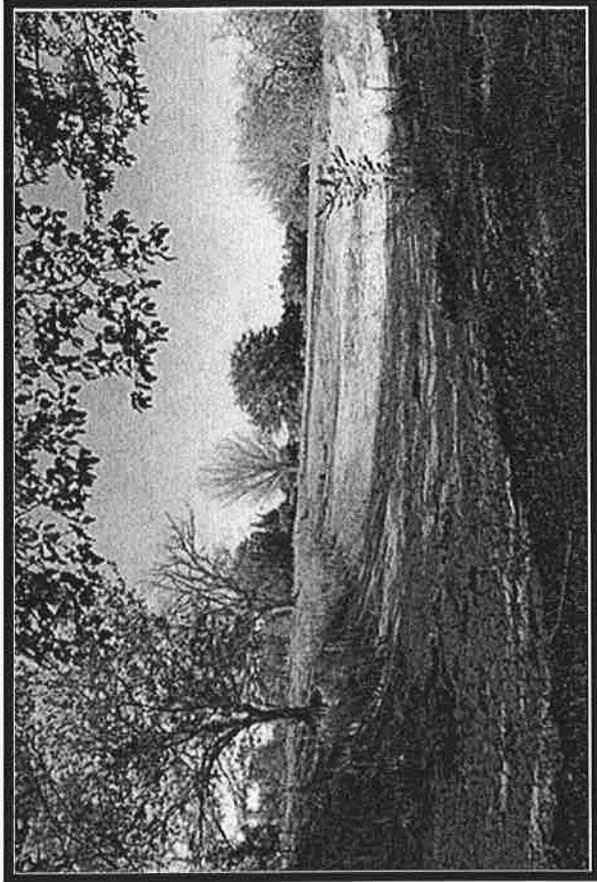
## Fundamental Zoning Question

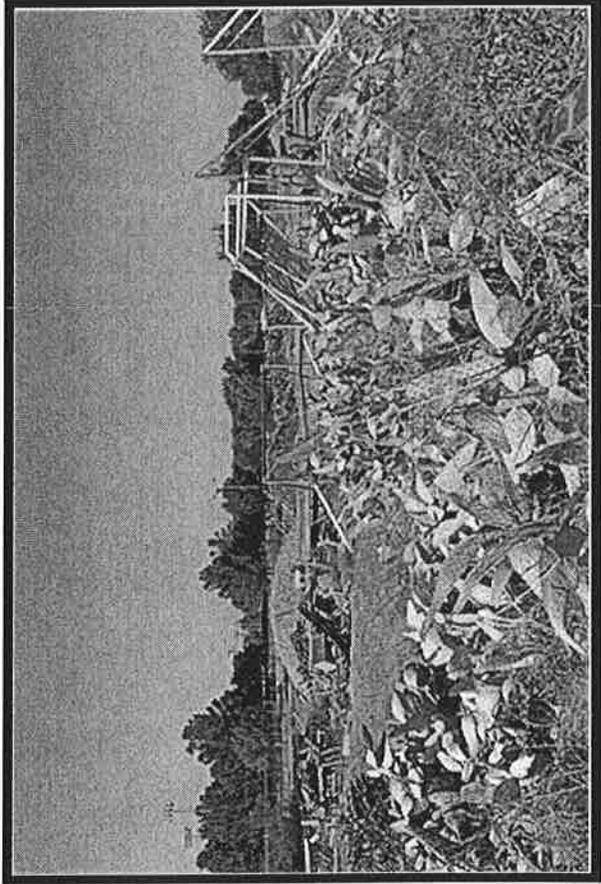
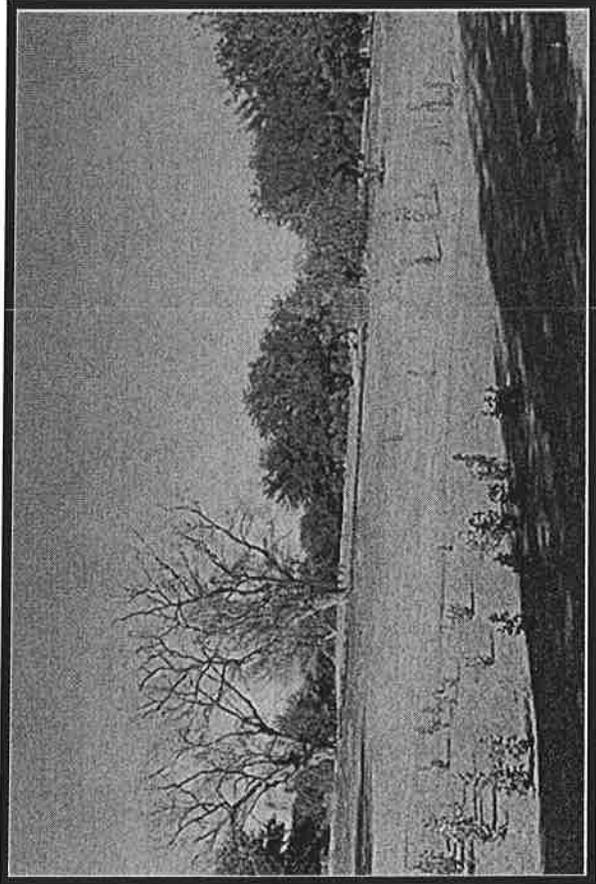
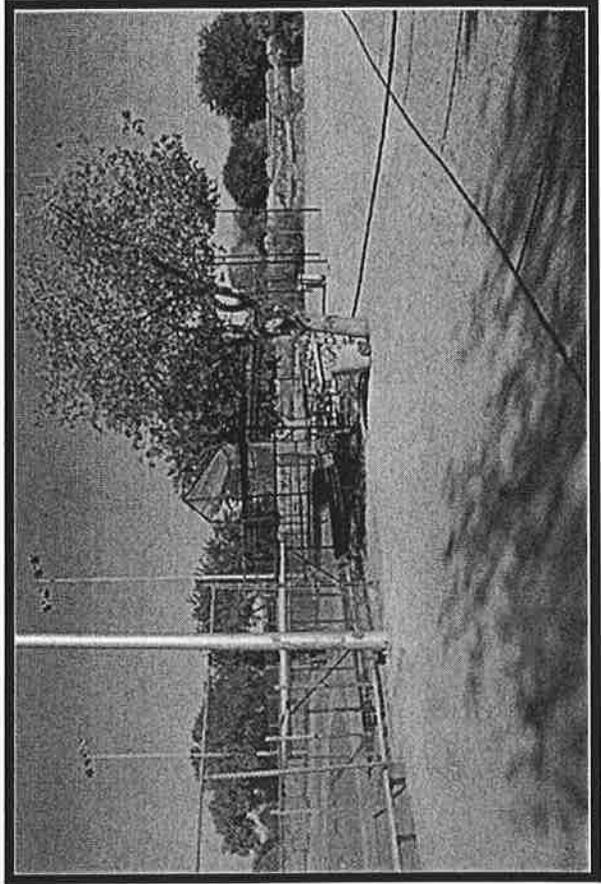
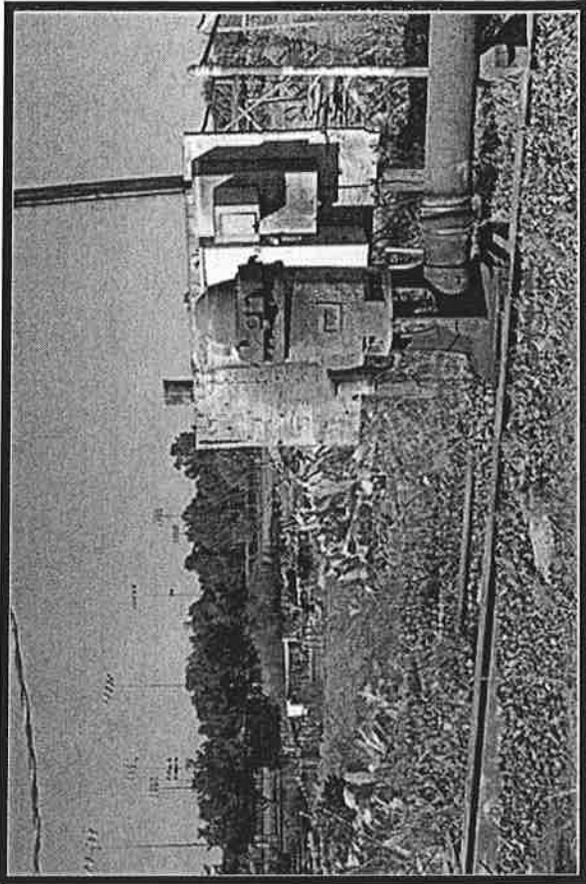
How does a third hospital, with no new healthcare services, utilizing and shifting the same local physicians and hospital workforce, in a community with significant excess capacity and only 7% outmigration, meet this important criteria for approval? Does it help retain and expand Memorial Medical Center and its vital services?

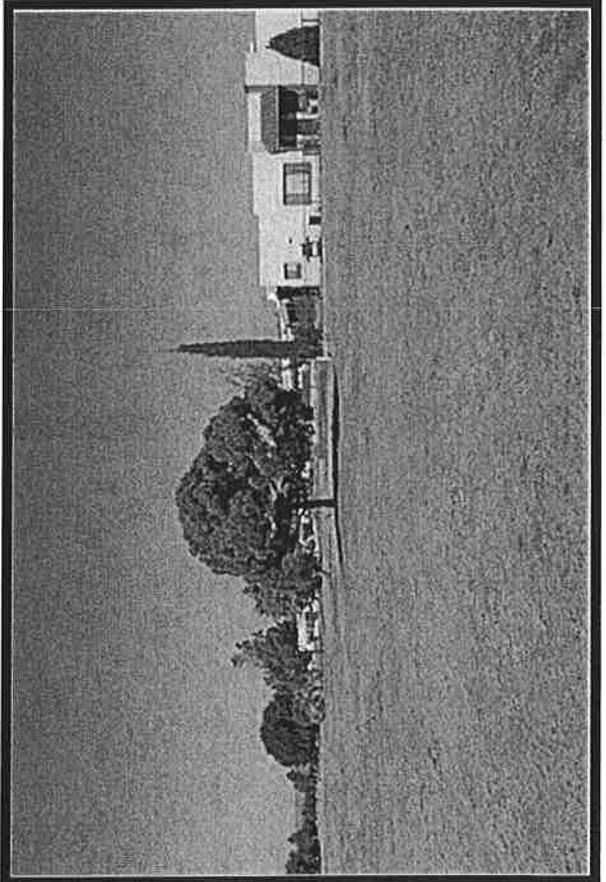
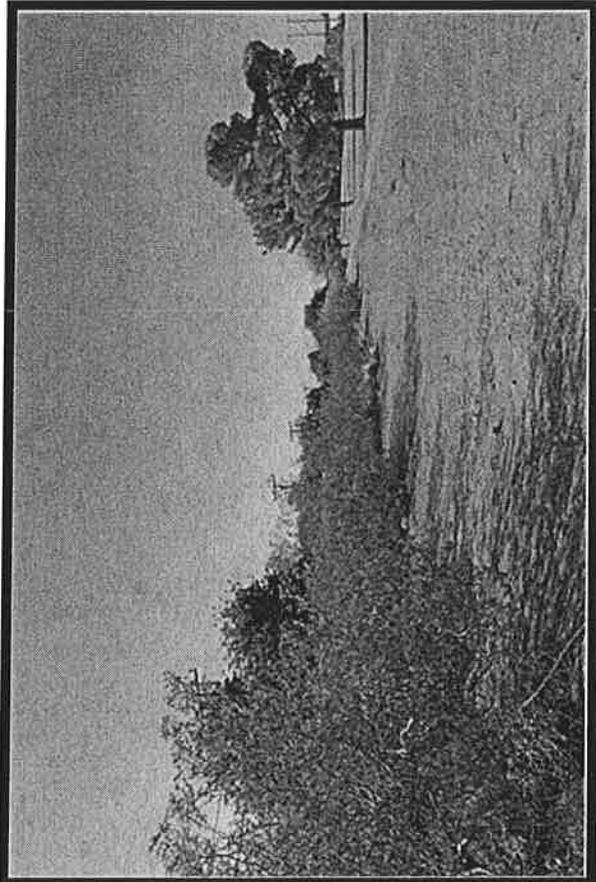
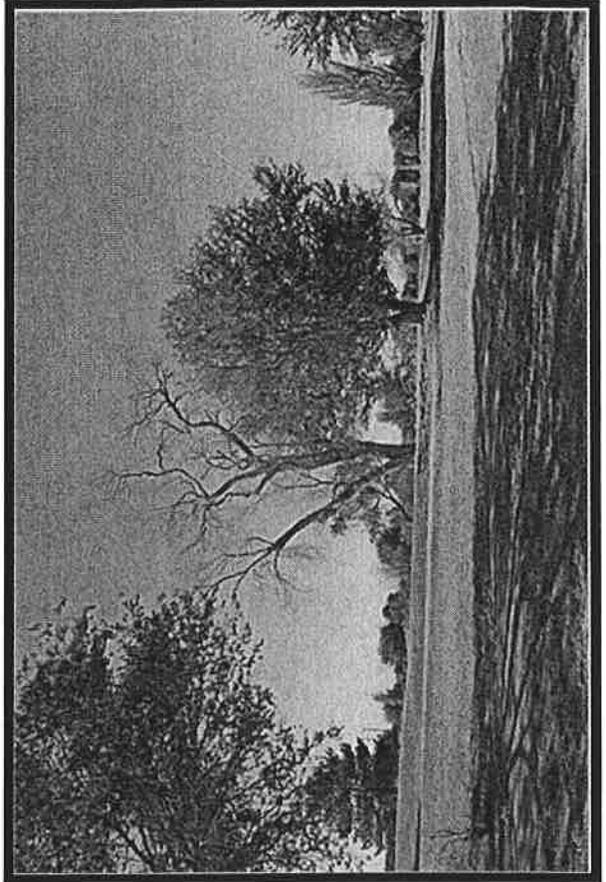


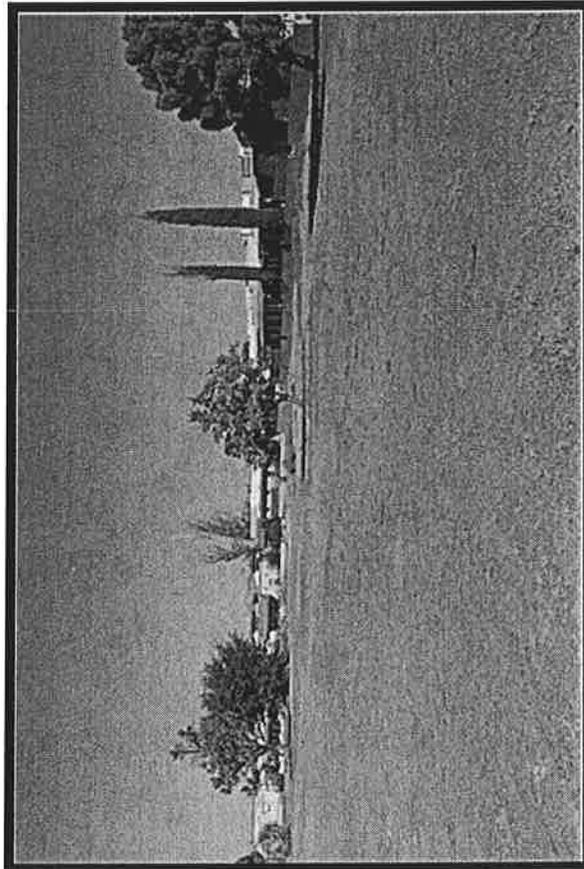
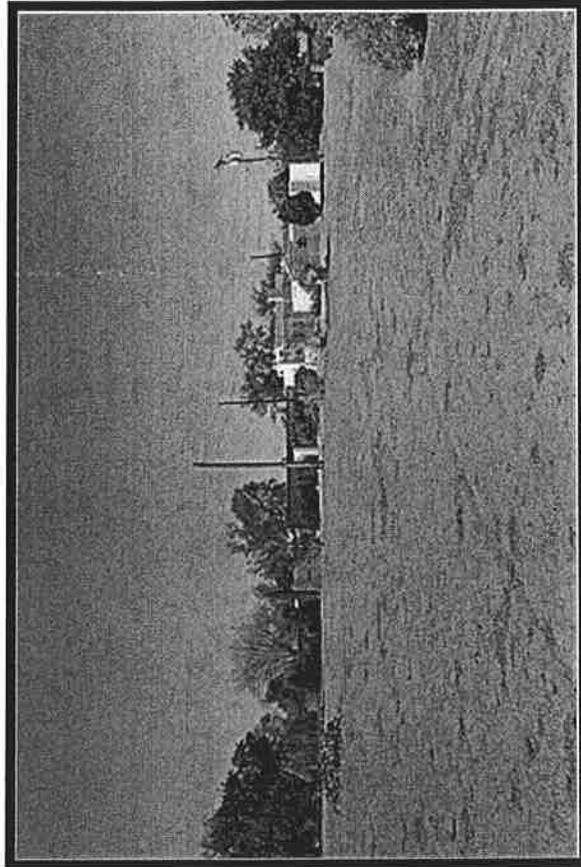
Becky Mitchener presentation to P&Z











## notes for pz meeting

Notes for P&amp;Z meeting June 25th, 2013

Picture of 30+ acres, red & green  
Proximity of R-1 to C-3. 80 foot setbacks, 25 foot green barrier.

Picture of views out back, 40 feet to trees.  
Bob Pofahl always commented on our beautiful view.

Picture of small Park proposal. R-1 to open space, to R-1.  
Developer said his partners declined-couldn't give up that much green space.  
Also said that building 1 story houses would lower value of houses across

from

Camino Del Rex to the North.

development

In the City comments it mentions 2 to 6 acre Parks, and encouraging a

friendly

that " considers usage, fit within the neighborhood, and environmentally

and corridors

design ". It also mentions to " preserve and respect scenic views, sites.

similar

in a manner that reasonably compensates, provides incentives, maintains

public and

existing property rights, or in another similar manner that balances the

property owner interests ".

from

We've tried to work with the Developer by suggesting things like amenities

lakes-

Centennial Park in Minnesota, such as paddle wheel boats, (there are two

we

ponds on the property already) and a small 18 hole miniature golf course.

that's the

suggested a joint-venture with the City, and Bob said he'd look into it, and

last we heard of it.

a

we gave the name and phone # to Bob of a Leonard Berg, who runs 5 municipal  
golf courses and driving ranges in Albuquerque. Mr. Berg would show Bob how

is already

9-hole executive length golf course and especially a driving range ( which

on the property ) would be a big money maker. Bob never contacted him.

would produce.

If I get time I can get the figures on the kind of income these amenities

lives of the

Also to be considered would be the way these amenities would affect the

people of Las Cruces, especially our young people.

# RE: <sup>1581</sup> OUT MIGRATION

2

Total MVRMC Discharges  
Total MMC Discharges

7,795 AHD.com  
10,431 AHD.com

Source Data: AHD.COM

Gross Albq Discharges  
Less: Gen Surg-Trauma  
Ortho-Surg Trauma  
Oth Trauma Burns  
Oth Trauma Head Injury  
Net Albq. Discharges

364  
(6)  
(7)  
(2)  
(2)

Source Data for for ABQ  
Outmigration: Solucient

347 ← ABQ outmigration: 1.81%

Gross El Paso Discharges  
Less: Kindred  
Univ Behav Hlth  
Gen Med Psych  
Gen Surg - Trauma  
Neurosurg-Trauma  
Ortho Med-Trauma  
Ortho Surg - Trauma  
Oth Trauma - Body Inj  
Oth Trauma - Burns  
Oth Trauma - Head Inj  
Rehab  
Net El Paso Discharges

1,341  
(31)  
(56)  
(13)  
(17)  
(1)  
(19)  
(45)  
(32)  
(4)  
(49)  
(15)

Source Data for El Paso  
Outmigration: Texas  
Healthcare Information  
Council

El Paso outmigration: 5.39% or  
4.58% is you exclude Obstetrics  
as new hospital not providing.

1,059 ←

Down from 25% just prior to  
MountainView Regional Medical  
Center opening based on  
MedPar/HCIA Data utilized by  
Triad and shared with community.

Total Las Cruces Discharges

19,632

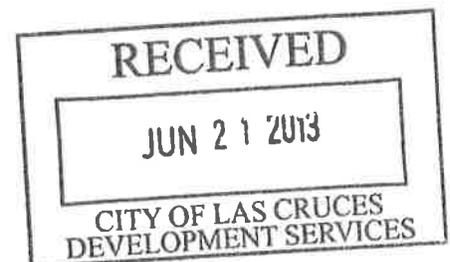
Alb/El Paso Net Discharges

1,406

Out Migration %

7.2% ←

El Paso / ABQ Combined  
Outmigration: 7.2%



- Texas Data  
**Inpatient Market Share State Data - All Inpatients**  
 Calendar Year 2011  
 Texas Health Care Information Council (THCIC)

Service Area: Primary Service Area	Total Market		DEL SOL MC EL PASO		KINDRED HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEM HSP EL PASO	
	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share
<b>**Total Cases(ex NB and Neo)</b>	1,341	100.0	75	5.6	31	2.3	241	18.0	223	16.6
<b>**Time Period</b>										
2011Q1	340	25.4	23	30.7	5	16.1	58	24.1	44	19.7
2011Q2	330	24.6	22	29.3	7	22.6	63	26.1	54	24.2
2011Q3	343	25.6	11	14.7	13	41.9	66	27.4	61	27.4
2011Q4	328	24.5	19	25.3	6	19.4	54	22.4	64	28.7
<b>**Primary Payor</b>										
Blue Cross	31	2.3	0	0	1	3.2	0	0	0	0
CHAMPUS/VA	65	4.8	3	4.0	1	3.2	13	5.4	11	4.9
Comm HMO	15	1.1	3	4.0	1	3.2	8	3.3	1	0.4
Comm Ins	142	10.6	1	1.3	5	16.1	1	0.4	0	0
Comm PPO	218	16.3	25	33.3	0	0	73	30.3	66	29.6
Liability	57	4.3	0	0	0	0	0	0	0	0
Medicaid	294	21.9	5	6.7	0	0	67	27.8	79	35.4
Medicare A	342	25.5	30	40.0	19	61.3	56	23.2	47	21.1
Medicare B	2	0.1	0	0	0	0	0	0	0	0
Medicare HMO	67	5.0	4	5.3	4	12.9	10	4.1	11	4.9
Other	10	0.7	1	1.3	0	0	7	2.9	1	0.4
POS	9	0.7	0	0	0	0	0	0	4	1.8
Self Pay/Indigent	72	5.4	2	2.7	0	0	5	2.1	3	1.3
Workers Comp	17	1.3	1	1.3	0	0	1	0.4	0	0
<b>**Product Line</b>										
CARD SVC-CARD EP	2	0.1	1	1.3	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	5	0.4	0	0	0	0	1	0.4	0	0
CARD SVC-CARD SURG	12	0.9	0	0	0	0	0	0.4	0	0
CARD SVC-DRUG-ELUT STENT	4	0.3	1	1.3	0	0	1	0.4	2	0.9
CARD SVC-MED CARD	28	2.1	1	1.3	2	6.5	5	2.1	9	4.0
CARD SVC-MED CARD-AMI	3	0.2	1	1.3	0	0	0	0	2	0.9
CARD SVC-MED CARD-HEART FAILURE	6	0.4	0	0	0	0	1	0.4	1	0.4
CARD SVC-NON-ELUT STENT/OTH PCI	7	0.5	4	5.3	0	0	0	0	0	0

(Continued)

19

**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

	R E THOMASON GEN		SIERRA MCI EL PASO		SIERRA PROV EMC EL PASO		UNIV BEHAV HLTH EL PASO		All Other Hospitals						
	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market					
<b>**Total Cases(ex NB and Neo)</b>	410	100.0	30.6	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6		
<b>**Time Period</b>															
2011Q1	128	31.2	37.6	28	21.5	8.2	4	21.1	1.2	11	19.6	3.2	39	25.0	11.5
2011Q2	99	24.1	30.0	36	27.7	10.9	3	15.8	0.9	10	17.9	3.0	36	23.1	10.9
2011Q3	97	23.7	28.3	34	26.2	9.9	4	21.1	1.2	14	25.0	4.1	43	27.6	12.5
2011Q4	86	21.0	26.2	32	24.6	9.8	8	42.1	2.4	21	37.5	6.4	38	24.4	11.6
<b>**Primary Payor</b>															
Blue Cross	7	1.7	22.6	0	0	0	0	0	0	6	10.7	19.4	17	10.9	54.8
CHAMPUS/VA	9	2.2	13.8	13	10.0	20.0	3	15.8	4.6	11	19.6	16.9	1	0.6	1.5
Comm HMO	0	0	0	0	0	0	0	0	0	0	0	0	2	1.3	13.3
Comm Ins	57	13.9	40.1	0	0	0	0	0	0	32	57.1	22.5	46	29.5	32.4
Comm PPO	9	2.2	4.1	31	23.8	14.2	7	36.8	3.2	0	0	0	7	4.5	3.2
Liability	57	13.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	123	30.0	41.8	4	3.1	1.4	4	21.1	1.4	0	0	0	12	7.7	4.1
Medicare A	67	16.3	19.6	56	43.1	16.4	3	15.8	0.9	7	12.5	2.0	57	36.5	16.7
Medicare B	1	0.2	50.0	0	0	0	0	0	0	0	0	0	1	0.6	50.0
Medicare HMO	15	3.7	22.4	20	15.4	29.9	0	0	0	0	0	0	3	1.9	4.5
Other	1	0.2	10.0	0	0	0	0	0	0	0	0	0	0	0	0
POS	0	0	0	3	2.3	33.3	2	10.5	22.2	0	0	0	0	0	0
Self Pay/Indigent	53	12.9	73.6	3	2.3	4.2	0	0	0	0	0	0	6	3.8	8.3
Workers Comp	11	2.7	64.7	0	0	0	0	0	0	0	0	0	4	2.6	23.5
<b>**Product Line</b>															
CARD SVC-CARD EP	0	0	0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	3	2.3	60.0	0	0	0	0	0	0	1	0.6	20.0
CARD SVC-CARD SURG	1	0.2	8.3	1	0.8	8.3	0	0	0	0	0	0	9	5.8	75.0
CARD SVC-DRUG-ELUT STENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD	4	1.0	14.3	5	3.8	17.9	2	10.5	7.1	0	0	0	0	0	0
CARD SVC-MED CARD-AMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	3	0.7	50.0	1	0.8	16.7	0	0	0	0	0	0	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	0	0	0	1	0.8	14.3	0	0	0	0	0	0	2	1.3	28.6

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**Center - Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

Product Line	Total Market			DEL SOL MCEL PASO			KINDRED HSP EL PASO			LAS PALMAS MCEL PASO			PROV MEM HSP EL PASO		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
ENT-HEAD NECK SURG	5	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	6	0.4	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTH ENT	12	0.9	100.0	0	0	0	0	0	0	0	0	0	2	0.9	16.7
ENT-OTOLOGY	9	0.7	100.0	0	0	0	0	0	0	0	0	3	1.2	33.3	22.2
GEN MED-DERM	14	1.0	100.0	0	0	0	2	6.5	14.3	1	0.4	7.1	2	0.9	14.3
GEN MED-ENDO	28	2.1	100.0	1	1.3	3.6	1	3.2	3.6	3	1.2	10.7	8	3.6	28.6
GEN MED-GASTRO	53	4.0	100.0	0	0	0	2	6.5	3.8	6	2.5	11.3	20	9.0	37.7
GEN MED-INFECT DIS	30	2.2	100.0	1	1.3	3.3	3	9.7	10.0	4	1.7	13.3	5	2.2	16.7
GEN MED-NEPHROLOGY	17	1.3	100.0	0	0	0	0	0	0	3	1.2	17.6	4	1.8	23.5
GEN MED-OTH GEN MED	9	0.7	100.0	1	1.3	11.1	0	0	0	0	0	0	1	0.4	11.1
GEN MED-PSYCH	67	5.0	100.0	0	0	0	0	0	0	0	0	0	0	0	1.5
GEN MED-PULM	86	6.4	100.0	2	2.7	2.3	10	32.3	11.6	8	3.3	9.3	14	6.3	16.3
GEN MED-RHEUM	5	0.4	100.0	0	0	0	0	0	0	1	0.4	20.0	1	0.4	20.0
GEN MED-SUBST	19	1.4	100.0	0	0	0	0	0	0	1	0.4	5.3	6	2.7	31.6
GEN SURG-ADHESIONS	5	0.4	100.0	0	0	0	0	0	0	2	0.8	40.0	1	0.4	20.0
GEN SURG-APPEND	6	0.4	100.0	0	0	0	0	0	0	3	1.2	50.0	0	0	0
GEN SURG-BARIATRIC/OBESITY	36	2.7	100.0	16	21.3	44.4	0	0	0	8	3.3	22.2	12	5.4	33.3
GEN SURG-BREAST	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-CHOLE	10	0.7	100.0	1	1.3	10.0	0	0	0	2	0.8	20.0	4	1.8	40.0
GEN SURG-ENDO	4	0.3	100.0	3	4.0	75.0	0	0	0	1	0.4	25.0	0	0	0
GEN SURG-HEPA/PANCR	3	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HERNIA	4	0.3	100.0	0	0	0	0	0	0	2	0.8	50.0	1	0.4	25.0
GEN SURG-LOWER GI	27	2.0	100.0	0	0	0	0	0	0	4	1.7	14.8	6	2.7	22.2
GEN SURG-OTH GEN SURG	22	1.6	100.0	2	2.7	9.1	0	0	0	4	1.7	18.2	3	1.3	13.6
GEN SURG-OTH GI	1	0.1	100.0	0	0	0	0	0	0	0	0	0	1	0.4	100.0
GEN SURG-SKIN	11	0.8	100.0	0	0	0	2	6.5	18.2	2	0.8	18.2	1	0.4	9.1
GEN SURG-SPLENECTOMY	1	0.1	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRACH	12	0.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRANS	4	0.3	100.0	0	0	0	0	0	0	1	0.4	25.0	0	0	0

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**Center - Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

	R E THOMASON GEN HSP		SIERRA MC EL PASO		SIERRA PROV E MC EL PASO		UNIV BEHAV HLTH EL PASO		All Other Hospitals	
	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total
<b>**Product Line</b>	410	100.0	130	100.0	9.7	100.0	1.4	100.0	4.2	100.0
ENT-HEAD NECK SURG	0	0	4	3.1	80.0	0	0	0	0	0
ENT-ORAL MAXIL SURG	6	1.5	0	0	0	0	0	0	0	0
ENT-OTH ENT	9	2.2	0	0	0	5.3	8.3	0	0	0
ENT-OTOLOGY	3	0.7	0	0	0	0	0	0	0	0
GEN MED-DERM	2	0.5	5	3.8	35.7	0	0	0	2	1.3
GEN MED-ENDO	12	2.9	0	0	0	0	0	0	3	1.9
GEN MED-GASTRO	15	3.7	7	5.4	13.2	1	1.9	0	2	1.3
GEN MED-INFECT DIS	8	2.0	4	3.1	13.3	1	3.3	0	4	2.6
GEN MED-NEPHROLOGY	5	1.2	3	2.3	17.6	0	0	0	2	1.3
GEN MED-OTH GEN MED	2	0.5	1	0.8	11.1	1	11.1	1	2	1.3
GEN MED-PSYCH	1	0.2	0	0	0	0	0	54	11	7.1
GEN MED-PULM	41	10.0	6	4.6	7.0	0	0	0	5	3.2
GEN MED-RHEUM	2	0.5	0	0	0	0	0	0	1	0.6
GEN MED-SUBST	8	2.0	4	3.1	21.1	0	0	0	0	0
GEN SURG-ADHESIONS	1	0.2	0	0	0	1	20.0	0	0	0
GEN SURG-APPEND	3	0.7	0	0	0	0	0	0	0	0
GEN SURG-BARIATRIC/OBESITY	0	0	0	0	0	0	0	0	0	0
GEN SURG-BREAST	0	0	0	0	0	0	0	0	0	0
GEN SURG-CHOLE	0	0	3	2.3	30.0	0	0	0	0	0
GEN SURG-ENDO	0	0	0	0	0	0	0	0	0	0
GEN SURG-HEPA/PANCR	2	0.5	0	0	0	0	0	0	1	0.6
GEN SURG-HERNIA	0	0	0	0	0	1	25.0	0	0	0
GEN SURG-LOWER GI	8	2.0	4	3.1	14.8	2	7.4	0	3	1.9
GEN SURG-OTH GEN SURG	10	2.4	2	1.5	9.1	0	0	0	1	0.6
GEN SURG-OTH GI	0	0	0	0	0	0	0	0	0	0
GEN SURG-SKIN	4	1.0	0	0	0	0	0	0	2	1.3
GEN SURG-SPLENECTOMY	1	0.2	0	0	0	0	0	0	0	0
GEN SURG-TRACH	10	2.4	0	0	0	0	0	0	2	1.3
GEN SURG-TRANS	0	0	0	0	0	0	0	0	3	1.9

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- Texas Data  
**Inpatient Market Share State Data - All Inpatients**  
 Calendar Year 2011  
 Texas Health Care Information Council (THCIC)

**Service Area: Primary Service Area**

	Total Market		DEL SOL MCEL PASO		KINDRED HSP EL PASO		LAS PALMAS MCEL PASO		PROV MEM HSP EL PASO				
	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market			
<b>**Product Line</b>	1,341	100.0	75	100.0	31	100.0	2.3	241	100.0	18.0	223	100.0	16.6
* GEN SURG-TRAUMA	18	1.3	0	0	1	3.2	5.6	1	0.4	5.6	3	1.3	16.7
GEN SURG-UPPER GI	17	1.3	3	4.0	0	0	0	1	0.4	5.9	2	0.9	11.8
GYN-GEN SURG GYN	20	1.5	1	1.3	0	0	0	10	4.1	50.0	6	2.7	30.0
GYN-GYN SURG ONC	6	0.4	0	0	0	0	0	2	0.8	33.3	0	0	0
INVALID	4	0.3	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	2	0.1	0	0	0	0	0	0	0	0	0	0	0
NEURO-MS	1	0.1	0	0	0	0	0	1	0.4	100.0	0	0	0
NEURO-NERV SYS INFECT	4	0.3	0	0	0	0	0	1	0.4	25.0	0	0	0
NEURO-OTH NEURO	9	0.7	0	0	1	3.2	11.1	0	0	0	3	1.3	33.3
NEURO-SEIZURE/EPILEPSY	16	1.2	0	0	0	0	0	2	0.8	12.5	6	2.7	37.5
NEURO-STROKE TIA	11	0.8	4	5.3	0	0	0	2	0.8	18.2	0	0	0
NEUROSURG-BRAIN	25	1.9	1	1.3	4.0	0	0	4	1.7	16.0	0	0	0
NEUROSURG-PERIPH CRAN DIS	1	0.1	0	0	0	0	0	0	0	0	0	0	0
* NEUROSURG-TRAUMA	1	0.1	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	20	1.5	1	1.3	5.0	0	0	15	6.2	75.0	3	1.3	15.0
OB-DEL	117	8.7	6	8.0	5.1	0	0	57	23.7	48.7	22	9.9	18.8
OB-POST-PART	5	0.4	0	0	0	0	0	4	1.7	80.0	0	0	0
ONC/HEMA-HEMA MED	13	1.0	1	1.3	7.7	0	0	0	0	0	3	1.3	23.1
ONC/HEMA-ONC MED	24	1.8	0	0	0	0	0	0	0	0	11	4.9	45.8
OPHTHAL-MED OPHTHAL	4	0.3	0	0	0	0	0	0	0	0	0	0	0
OPHTHAL-SURG OPHTHAL	8	0.6	0	0	0	0	0	0	0	0	1	0.4	12.5
ORTHO-GEN MED ORTHO	19	1.4	1	1.3	5.3	4	12.9	21.1	1	0.4	5.3	1	0.4
ORTHO-HAND	5	0.4	0	0	0	0	0	0	0	0	0	0	0
ORTHO-JOINT REPL	64	4.8	1	1.3	1.6	0	0	19	7.9	29.7	3	1.3	4.7
* ORTHO-MED TRAUMA	19	1.4	0	0	0	0	0	0	0	0	1	0.4	5.3
ORTHO-OTH SURG ORTHO	13	1.0	1	1.3	7.7	0	0	2	0.8	15.4	0	0	0
ORTHO-SPORTS MED	13	1.0	0	0	0	0	0	1	0.4	7.7	1	0.4	7.7
* ORTHO-SURG TRAUMA	45	3.4	3	4.0	6.7	0	0	1	0.4	2.2	3	1.3	6.7
* OTH TRAUMA-BODY INJ	32	2.4	0	0	0	0	0	0	0	0	0	0	0

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**Center - Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
 Calendar Year 2011  
 Texas Health Care Information Council (THCIC)

**Service Area: Primary Service Area**

Product Line	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
<b>**Product Line</b>	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* GEN SURG-TRAUMA	9	2.2	50.0	4	3.1	23.5	1	5.3	5.9	0	0	0	3	1.9	16.7
GEN SURG-UPPER GI	4	1.0	23.5	1	0.8	5.0	0	0	0	0	0	0	2	1.3	11.8
GYN-GEN SURG GYN	2	0.5	10.0	1	0.8	5.0	0	0	0	0	0	0	0	0	0
GYN-GYN SURG ONC	2	0.5	33.3	0	0	0	0	0	0	0	0	0	2	1.3	33.3
INVALID	4	1.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	1	0.2	50.0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-NERV SYS INFECT	2	0.5	50.0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
NEURO-OTH NEURO	3	0.7	33.3	0	0	0	0	0	0	0	0	0	2	1.3	22.2
NEURO-SEIZURE/EPILEPSY	6	1.5	37.5	0	0	0	0	0	0	0	0	0	2	1.3	12.5
NEURO-STROKE TIA	4	1.0	36.4	1	0.8	9.1	0	0	0	0	0	0	0	0	0
NEUROSURG-BRAIN	14	3.4	56.0	5	3.8	20.0	0	0	0	0	0	0	1	0.6	4.0
NEUROSURG-PERIPH CRAN DIS	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
NEUROSURG-TRAUMA	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
* OB-ANTEPART CARE/HIGH RISK PREG	0	0	0	0	0	0	0	0	0	0	0	0	1	1.8	5.0
OB-DEL	8	2.0	6.8	13	10.0	11.1	2	10.5	1.7	0	0	0	9	5.8	7.7
OB-POST-PART	1	0.2	20.0	0	0	0	0	0	0	0	0	0	0	0	0
ONC/HEMA-HEMA MED	8	2.0	61.5	1	0.8	7.7	0	0	0	0	0	0	0	0	0
ONC/HEMA-ONC MED	1	0.2	4.2	2	1.5	8.3	0	0	0	0	0	0	10	6.4	41.7
OPHTHAL-MED OPHTHAL	3	0.7	75.0	0	0	0	0	0	0	0	0	0	1	0.6	25.0
OPHTHAL-SURG OPHTHAL	7	1.7	87.5	0	0	0	0	0	0	0	0	0	0	0	0
ORTHO-GEN MED ORTHO	7	1.7	36.8	1	0.8	5.3	1	5.3	5.3	0	0	0	3	1.9	15.8
ORTHO-HAND	4	1.0	80.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
ORTHO-JOINT REPL	3	0.7	4.7	14	10.8	21.9	1	5.3	1.6	0	0	0	23	14.7	35.9
* ORTHO-MED TRAUMA	16	3.9	84.2	1	0.8	5.3	0	0	0	0	0	0	1	0.6	5.3
ORTHO-OTH SURG ORTHO	6	1.5	46.2	2	1.5	15.4	0	0	0	0	0	0	2	1.3	15.4
ORTHO-SPORTS MED	8	2.0	61.5	0	0	0	1	5.3	7.7	0	0	0	2	1.3	15.4
* ORTHO-SURG TRAUMA	31	7.6	68.9	1	0.8	2.2	0	0	0	0	0	0	6	3.8	13.3
* OTH TRAUMA-BODY INJ	32	7.8	100.0	0	0	0	0	0	0	0	0	0	0	0	0

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**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

	Total Market		DEL SOL MC EL PASO		KINDRED HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEM HSP EL PASO	
	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market
<b>**Product Line</b>	1,341	100.0	75	5.6	31	2.3	241	18.0	223	16.6
* OTH TRAUMA-BURNS	4	0.3	0	0.0	0	0.0	0	0.0	0	0.0
* OTH TRAUMA-HEAD INJ	50	3.7	3	4.0	1	3.2	0	0.0	1	0.4
* REHAB	15	1.1	2	2.7	0	0.0	10	4.1	0	0.0
SPINE-FUSION	63	4.7	9	12.0	0	0.0	25	10.4	7	3.1
SPINE-MED SPINE	12	0.9	0	0.0	0	0.0	0	0.0	0	0.0
SPINE-OTH SURG SPINE	21	1.6	0	0.0	0	0.0	7	2.9	5	2.2
THOR SURG-OTH THOR SURG	4	0.3	1	1.3	1	3.2	0	0.0	1	0.4
URO-OTH MALE REPRO	4	0.3	0	0.0	0	0.0	1	0.4	1	0.4
URO-PROSTATE	19	1.4	1	1.3	0	0.0	1	0.4	16	7.2
URO-URIN SYS	17	1.3	0	0.0	0	0.0	2	0.8	8	3.6
VASC SVC-AMPUT	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
VASC SVC-ART DIS	13	1.0	1	1.3	0	0.0	1	0.4	3	1.3
VASC SVC-OTH VASC	8	0.6	0	0.0	1	3.2	2	0.8	2	0.9
<b>**ZIP Code</b>										
88001 LAS CRUCES	390	29.1	23	30.7	11	35.5	75	31.1	54	24.2
88005 LAS CRUCES	303	22.6	17	22.7	6	19.4	50	20.7	46	20.6
88007 LAS CRUCES	190	14.2	9	12.0	6	19.4	24	10.0	36	16.1
88011 LAS CRUCES	236	17.6	16	21.3	6	19.4	48	19.9	38	17.0
88012 LAS CRUCES	222	16.6	10	13.3	2	6.5	44	18.3	49	22.0

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**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

Product Line	R'E THOMSON GEN HSP		SIERRA MC EL PASO		SIERRA PROV E MC EL PASO		UNIV BEHAV HLTH EL PASO		All Other Hospitals	
	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total
**Product Line	410	100.0	30.6	7.5	19	4.7	56	13.7	156	38.1
* OTH TRAUMA-BURNS	0	0.0	0	0.0	0	0.0	0	0.0	4	1.0
* OTH TRAUMA-HEAD INJ	42	10.2	84.0	20.8	0	0.0	0	0.0	3	0.7
* REHAB	0	0.0	0	0.0	0	0.0	0	0.0	3	0.7
SPINE-FUSION	2	0.5	3.2	0.8	2	0.5	0	0.0	3	0.7
SPINE-MED SPINE	10	2.4	83.3	20.8	1	0.3	0	0.0	1	0.2
SPINE-OTH SURG SPINE	3	0.7	14.3	3.6	3	0.8	0	0.0	3	0.7
THOR SURG-OTH THOR SURG	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
URO-OTH MALE REPRO	2	0.5	50.0	12.5	0	0.0	0	0.0	0	0.0
URO-PROSTATE	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
URO-URIN SYS	1	0.2	5.9	1.5	1	0.3	0	0.0	5	1.2
VASC SVC-AMPUT	1	0.2	100.0	25.0	0	0.0	0	0.0	0	0.0
VASC SVC-ART DIS	0	0.0	0	0.0	5	1.3	0	0.0	3	0.7
VASC SVC-OTH VASC	0	0.0	0	0.0	1	0.3	0	0.0	2	0.5
**ZIP Code										
88001 LAS CRUCES	136	33.2	34.9	8.7	45	11.5	17	3.9	26	6.4
88005 LAS CRUCES	91	22.2	30.0	7.5	19	4.7	8	1.8	59	14.4
88007 LAS CRUCES	47	11.5	24.7	6.1	26	6.5	8	1.8	29	7.1
88011 LAS CRUCES	66	16.1	28.0	7.0	23	5.7	8	1.8	29	7.1
88012 LAS CRUCES	70	17.1	31.5	7.8	17	4.2	15	3.4	13	3.2

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Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
<b>**Total Cases(ex NB and Neo)</b>	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
<b>**Time Period</b>															
2012Q1	3,046	25.6	100.0	1,210	25.0	39.7	2	28.6	0.1	1,752	26.2	57.5	19	27.9	0.6
2012Q2	3,087	25.9	100.0	1,215	25.1	39.4	2	28.6	0.1	1,754	26.2	56.8	23	33.8	0.7
2012Q3	2,876	24.2	100.0	1,195	24.7	41.6	1	14.3	0.0	1,596	23.8	55.5	14	20.6	0.5
2012Q4	2,895	24.3	100.0	1,219	25.2	42.1	2	28.6	0.1	1,592	23.8	55.0	12	17.6	0.4
<b>**Primary Payor</b>															
Blue Cross/Blue Shield	732	6.1	100.0	0	0	0	2	28.6	0.3	668	10.0	91.3	11	16.2	1.5
Champus, Military, VA - Indemnity Plan	4	0.0	100.0	0	0	0	1	14.3	25.0	0	0	0	0	0	0
Champus, Military, VA - Other Managed Care	3	0.0	100.0	0	0	0	0	0	0	0	0	0	3	4.4	100.0
Champus, Military, VA - Unknown	62	0.5	100.0	0	0	0	0	0	0	56	0.8	90.3	0	0	0
County Indigent - HMO	12	0.1	100.0	12	0.2	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Indemnity Plan	45	0.4	100.0	45	0.9	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Other Managed Care	210	1.8	100.0	194	4.0	92.4	0	0	0	0	0	0	0	0	0
Free	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid - HMO	12	0.1	100.0	0	0	0	0	0	0	0	0	0	11	16.2	91.7
Medicaid - Indemnity Plan	43	0.4	100.0	0	0	0	3	42.9	7.0	0	0	0	0	0	0
Medicaid - Other Managed Care	1,537	12.9	100.0	0	0	0	0	0	0	1,463	21.9	95.2	17	25.0	1.1
Medicaid - Unknown	289	2.4	100.0	0	0	0	0	0	0	288	4.3	99.7	0	0	0
Medicare - HMO	10	0.1	100.0	0	0	0	0	0	0	0	0	0	1	1.5	10.0
Medicare - Indemnity Plan	10	0.1	100.0	0	0	0	1	14.3	10.0	0	0	0	0	0	0
Medicare - Other Managed Care	675	5.7	100.0	0	0	0	0	0	0	660	9.9	97.8	14	20.6	2.1
Medicare - Unknown	2,260	19.0	100.0	0	0	0	0	0	0	2,225	33.2	98.5	0	0	0
Other Government - Indemnity Plan	1	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Other Government - Unknown	2,476	20.8	100.0	2,435	50.3	98.3	0	0	0	34	0.5	1.4	0	0	0
Private Insurance - HMO	398	3.3	100.0	0	0	0	0	0	0	363	5.4	91.2	4	5.9	1.0
Private Insurance - Indemnity Plan	104	0.9	100.0	0	0	0	0	0	0	95	1.4	91.3	0	0	0
Private Insurance - Other Managed Care	965	8.1	100.0	944	19.5	97.8	0	0	0	15	0.2	1.6	4	5.9	0.4
Private Insurance - Unknown	130	1.1	100.0	130	2.7	100.0	0	0	0	0	0	0	0	0	0
Self Pay, No Insurance	829	7.0	100.0	0	0	0	0	0	0	813	12.1	98.1	2	2.9	0.2
Workers Comp - Indemnity Plan	14	0.1	100.0	0	0	0	0	0	0	14	0.2	100.0	0	0	0
Workers Comp - Other Managed Care	1	0.0	100.0	0	0	0	0	0	0	0	0	0	1	1.5	100.0

(Continued)

**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2012**  
**Solucient New Mexico State Data**

**Service Area: Primary Service Area**

	UNIV HSP		All Other Hospitals			
	% of Total Cases	Market Share	% of Total Cases	Market Share		
<b>**Total Cases(ex NB and Neo)</b>	232	100.0	1.9	64	100.0	0.5
<b>**Time Period</b>						
2012Q1	48	20.7	1.6	15	23.4	0.5
2012Q2	79	34.1	2.6	14	21.9	0.5
2012Q3	50	21.6	1.7	20	31.3	0.7
2012Q4	55	23.7	1.9	15	23.4	0.5
<b>**Primary Payor</b>						
Blue Cross/Blue Shield	37	15.9	5.1	14	21.9	1.9
Champus, Military, VA - Indemnity Plan	0	0	0	3	4.7	75.0
Champus, Military, VA - Other Managed Ca	0	0	0	0	0	0
Champus, Military, VA - Unknown	6	2.6	9.7	0	0	0
County Indigent - HMO	0	0	0	0	0	0
County Indigent - Indemnity Plan	0	0	0	0	0	0
County Indigent - Other Managed Care	16	6.9	7.6	0	0	0
Free	2	0.9	100.0	0	0	0
Medicaid - HMO	0	0	0	1	1.6	8.3
Medicaid - Indemnity Plan	33	14.2	76.7	7	10.9	16.3
Medicaid - Other Managed Care	56	24.1	3.6	1	1.6	0.1
Medicaid - Unknown	0	0	0	1	1.6	0.3
Medicare - HMO	3	1.3	30.0	6	9.4	60.0
Medicare - Indemnity Plan	0	0	0	9	14.1	90.0
Medicare - Other Managed Care	0	0	0	1	1.6	0.1
Medicare - Unknown	30	12.9	1.3	5	7.8	0.2
Other Government - Indemnity Plan	0	0	0	1	1.6	100.0
Other Government - Unknown	7	3.0	0.3	0	0	0
Private Insurance - HMO	20	8.6	5.0	11	17.2	2.8
Private Insurance - Indemnity Plan	9	3.9	8.7	0	0	0
Private Insurance - Other Managed Care	0	0	0	2	3.1	0.2
Private Insurance - Unknown	0	0	0	0	0	0
Self Pay, No Insurance	12	5.2	1.4	2	3.1	0.2
Workers Comp - Indemnity Plan	0	0	0	0	0	0
Workers Comp - Other Managed Care	0	0	0	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	Total Market		MTN VIEW RES MED		GILA REG MC		MEM MC		PRESBY HSP					
	Cases	% of Total Market	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market				
**Primary Payor	11,904	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
Workers Comp - Unknown	1,080	9.1	1,079	22.3	99.9	0	0	0	0	0	0	0	0	0
***Product Line														
CARD SVC-CARD EP	17	0.1	9	0.2	52.9	0	0	0	8	0.1	47.1	0	0	0
CARD SVC-CARD EP-PACEMAKER	46	0.4	22	0.5	47.8	0	0	0	23	0.3	50.0	0	0	0
CARD SVC-CARD SURG	32	0.3	12	0.2	37.5	0	0	0	12	0.2	37.5	7	10.3	21.9
CARD SVC-CARD SURG-CABG	71	0.6	24	0.5	33.8	0	0	0	47	0.7	66.2	0	0	0
CARD SVC-DRUG-ELUT STENT	199	1.7	111	2.3	55.8	0	0	0	87	1.3	43.7	0	0	0
CARD SVC-MED CARD	592	5.0	297	6.1	50.2	0	0	0	289	4.3	48.8	0	0	0
CARD SVC-MED CARD-AMI	47	0.4	19	0.4	40.4	0	0	0	28	0.4	59.6	0	0	0
CARD SVC-MED CARD-HEART FAILURE	217	1.8	95	2.0	43.8	0	0	0	121	1.8	55.8	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	58	0.5	20	0.4	34.5	0	0	0	33	0.5	56.9	1	1.5	1.7
ENT-HEAD NECK SURG	19	0.2	8	0.2	42.1	0	0	0	11	0.2	57.9	0	0	0
ENT-ORAL MAXIL SURG	18	0.2	6	0.1	33.3	0	0	0	11	0.2	61.1	0	0	0
ENT-OTH ENT	42	0.4	9	0.2	21.4	0	0	0	20	0.3	47.6	6	8.8	14.3
ENT-OTOLOGY	65	0.5	30	0.6	46.2	0	0	0	34	0.5	52.3	1	1.5	1.5
ENT-TRACH	4	0.0	0	0	0	0	0	0	3	0.0	75.0	0	0	0
GEN MED-DERM	230	1.9	104	2.1	45.2	0	0	0	123	1.8	53.5	0	0	0
GEN MED-ENDO	441	3.7	182	3.8	41.3	0	0	0	248	3.7	56.2	4	5.9	0.9
GEN MED-GASTRO	1,217	10.2	489	10.1	40.2	0	0	0	706	10.5	58.0	4	5.9	0.3
GEN MED-INFECT DIS	409	3.4	227	4.7	55.5	0	0	0	178	2.7	43.5	1	1.5	0.2
GEN MED-NEPHROLOGY	503	4.2	194	4.0	38.6	0	0	0	305	4.6	60.6	1	1.5	0.2
GEN MED-OTH GEN MED	128	1.1	52	1.1	40.6	0	0	0	69	1.0	53.9	1	1.5	0.8
GEN MED-PSYCH	501	4.2	15	0.3	3.0	2	28.6	0.4	477	7.1	95.2	0	0	0
GEN MED-PULM	1,271	10.7	526	10.9	41.4	0	0	0	729	10.9	57.4	2	2.9	0.2
GEN MED-RHEUM	47	0.4	16	0.3	34.0	0	0	0	26	0.4	55.3	2	2.9	4.3
GEN MED-SUBST	278	2.3	61	1.3	21.9	0	0	0	217	3.2	78.1	0	0	0
GEN SURG-ADHESIONS	30	0.3	11	0.2	36.7	0	0	0	17	0.3	56.7	1	1.5	3.3
GEN SURG-APPEND	135	1.1	63	1.3	46.7	0	0	0	70	1.0	51.9	0	0	0
GEN SURG-BREAST	23	0.2	9	0.2	39.1	0	0	0	13	0.2	56.5	0	0	0
GEN SURG-CHOLE	183	1.5	93	1.9	50.8	0	0	0	87	1.3	47.5	1	1.5	0.5
GEN SURG-ENDO	20	0.2	6	0.1	30.0	0	0	0	14	0.2	70.0	0	0	0

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**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2012**  
**Solucient New Mexico State Data**

**Service Area: Primary Service Area**

	UNIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
<b>**Primary Payor</b>	232	100.0	64	100.0
Workers Comp - Unknown	1	0.4	0	0.1
<b>**Product Line</b>				
CARD SVC-CARD EP	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	1	1.6
CARD SVC-CARD SURG	1	0.4	0	0
CARD SVC-CARD SURG-CABG	0	0	0	0
CARD SVC-DRUG-ELUT STENT	1	0.4	0	0
CARD SVC-MED CARD	3	1.3	3	4.7
CARD SVC-MED CARD-AMI	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	0	0	1	1.6
CARD SVC-NON-ELUT STENT/IOTH PCI	2	0.9	2	3.1
ENT-HEAD NECK SURG	0	0	0	0
ENT-ORAL MAXIL SURG	1	0.4	5.6	7.8
ENT-OTH ENT	5	2.2	11.9	16.6
ENT-OTOLOGY	0	0	0	0
ENT-TRACH	1	0.4	25.0	34.4
GEN MED-DERM	2	0.9	0.9	1.2
GEN MED-ENDO	4	1.7	0.9	1.2
GEN MED-GASTRO	13	5.6	1.1	1.5
GEN MED-INFECT DIS	2	0.9	0.5	0.7
GEN MED-NEPHROLOGY	3	1.3	0.6	0.8
GEN MED-OTH GEN MED	4	1.7	3.1	4.3
GEN MED-PSYCH	1	0.4	0.2	0.3
GEN MED-PULM	10	4.3	0.8	1.1
GEN MED-RHEUM	3	1.3	6.4	8.8
GEN MED-SUBST	0	0	0	0
GEN SURG-ADHESIONS	1	0.4	3.3	4.5
GEN SURG-APPEND	1	0.4	0.7	1.0
GEN SURG-BREAST	0	0	0	0
GEN SURG-CHOLE	1	0.4	0.5	0.7
GEN SURG-ENDO	0	0	0	0

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**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2012**  
**Solucient New Mexico State Data**

**Service Area: Primary Service Area**

Product Line	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
GEN SURG-HEPA/PANCR	13	0.1	100.0	2	0.0	15.4	0	0	0	5	0.1	38.5	1	1.5	7.7
GEN SURG-HERNIA	44	0.4	100.0	26	0.5	59.1	0	0	0	17	0.3	38.6	1	1.5	2.3
GEN SURG-LOWER GI	130	1.1	100.0	46	1.0	35.4	0	0	0	71	1.1	54.6	2	2.9	1.5
GEN SURG-OTH GEN SURG	158	1.3	100.0	79	1.6	50.0	0	0	0	66	1.0	41.8	0	0	0
GEN SURG-OTH GI	19	0.2	100.0	11	0.2	57.9	0	0	0	7	0.1	36.8	0	0	0
GEN SURG-SKIN	32	0.3	100.0	11	0.2	34.4	0	0	0	19	0.3	59.4	0	0	0
GEN SURG-SPLENECTOMY	5	0.0	100.0	0	0	0	0	0	0	5	0.1	100.0	0	0	0
GEN SURG-TRACH	26	0.2	100.0	17	0.4	65.4	0	0	0	7	0.1	26.9	0	0	0
GEN SURG-TRANS	4	0.0	100.0	0	0	0	0	0	0	0	0	0	2	2.9	50.0
* GEN SURG-TRAUMA	38	0.3	100.0	16	0.3	42.1	0	0	0	16	0.2	42.1	1	1.5	2.6
GEN SURG-UPPER GI	29	0.2	100.0	17	0.4	58.6	0	0	0	6	0.1	20.7	0	0	0
GEN SURG-UPPER GI	154	1.3	100.0	42	0.9	27.3	0	0	0	98	1.5	63.6	1	1.5	0.6
GYN-GYN SURG GYN	13	0.1	100.0	0	0	0	0	0	0	1	0.0	7.7	4	5.9	30.8
GYN-GYN SURG ONC	24	0.2	100.0	9	0.2	37.5	0	0	0	15	0.2	62.5	0	0	0
GYN-MED	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
INVALID	25	0.2	100.0	12	0.2	48.0	0	0	0	13	0.2	52.0	0	0	0
NEURO-DEGEN DISORD	10	0.1	100.0	7	0.1	70.0	0	0	0	3	0.0	30.0	0	0	0
NEURO-MS	30	0.3	100.0	13	0.3	43.3	0	0	0	13	0.2	43.3	0	0	0
NEURO-NERV SYS INFECT	161	1.4	100.0	88	1.8	54.7	0	0	0	69	1.0	42.9	1	1.5	0.6
NEURO-OTH NEURO	78	0.7	100.0	31	0.6	39.7	0	0	0	38	0.6	48.7	0	0	0
NEURO-SEIZURE/EPILEPSY	261	2.2	100.0	143	3.0	54.8	0	0	0	113	1.7	43.3	0	0	0
NEURO-STROKE TIA	40	0.3	100.0	27	0.6	67.5	0	0	0	1	0.0	2.5	1	1.5	2.5
NEUROSURG-BRAIN	19	0.2	100.0	5	0.1	26.3	0	0	0	14	0.2	73.7	0	0	0
NEUROSURG-PERIPH CRAN DIS	14	0.1	100.0	8	0.2	57.1	0	0	0	4	0.1	28.6	0	0	0
OB-ABORT/MISCARR	131	1.1	100.0	21	0.4	16.0	0	0	0	105	1.6	80.2	1	1.5	0.8
OB-ANTEPART CARE/HIGH RISK PREG	1,642	13.8	100.0	642	13.3	39.1	3	42.9	0.2	982	14.7	59.8	0	0	0
OB-DEL	25	0.2	100.0	11	0.2	44.0	0	0	0	14	0.2	56.0	0	0	0
OB-POST-PART	132	1.1	100.0	43	0.9	32.6	0	0	0	82	1.2	62.1	0	0	0
ONC/HEMA-HEMA MED	202	1.7	100.0	49	1.0	24.3	0	0	0	120	1.8	59.4	10	14.7	5.0
ONC/HEMA-ONC MED	1	0.0	100.0	0	0	0	0	0	0	1	0.0	100.0	0	0	0
ONC/HEMA-RAD ONC	14	0.1	100.0	2	0.0	14.3	0	0	0	11	0.2	78.6	0	0	0
OPHTHAL-MED OPHTHAL															

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Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
**Product Line	232	100.0	1.9	0.5
GEN SURG-HEPA/PANCR	5	2.2	38.5	0
GEN SURG-HERNIA	0	0	0	0
GEN SURG-LOWER GI	9	3.9	6.9	2
GEN SURG-OTH GEN SURG	13	5.6	8.2	0
GEN SURG-OTH GI	1	0.4	5.3	0
GEN SURG-SKIN	2	0.9	6.3	0
GEN SURG-SPLENECTOMY	0	0	0	0
GEN SURG-TRACH	2	0.9	7.7	0
GEN SURG-TRANS	2	0.9	50.0	0
GEN SURG-TRAUMA	5	2.2	13.2	0
GEN SURG-UPPER GI	5	2.2	17.2	1
GYN-GEN SURG GYN	4	1.7	2.6	9
GYN-GYN SURG ONC	4	1.7	30.8	4
GYN-MED	0	0	0	0
INVALID	0	0	0	0
NEURO-DEGEN DISORD	0	0	0	0
NEURO-MS	0	0	0	0
NEURO-NERV SYS INFECT	4	1.7	13.3	0
NEURO-OTH NEURO	2	0.9	1.2	1
NEURO-SEIZURE/EPILEPSY	9	3.9	11.5	0
NEURO-STROKE TIA	5	2.2	1.9	0
NEUROSURG-BRAIN	11	4.7	27.5	0
NEUROSURG-PERIPH CRAN DIS	0	0	0	0
OB-ABORT/MISCARR	2	0.9	14.3	0
OB-ANTEPART CARE/HIGH RISK PREG	4	1.7	3.1	0
OB-DEL	15	6.5	0.9	0
OB-POST-PART	0	0	0	0
ONC/HEMA-HEMA MED	7	3.0	5.3	0
ONC/HEMA-ONC MED	23	9.9	11.4	0
ONC/HEMA-RAD ONC	0	0	0	0
OPHTHAL-MED OPHTHAL	1	0.4	7.1	0

(Continued)

150

Health Analytics

**Inpatient market Share State Data - All Inpatients**  
**Calendar Year 2012**  
**Solucient New Mexico State Data**

**Service Area: Primary Service Area**

	Total Market			MTN VIEW REG-MED			GILA REG-MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
<b>**Product Line</b>	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
ORTHO-FOOT	5	0.0	100.0	2	0.0	40.0	0	0	0	2	0.0	40.0	0	0	0
ORTHO-GEN MED ORTHO	49	0.4	100.0	24	0.5	49.0	0	0	0	23	0.3	46.9	0	0	0
ORTHO-HAND	2	0.0	100.0	1	0.0	50.0	0	0	0	1	0.0	50.0	0	0	0
ORTHO-JOINT REPL	330	2.8	100.0	161	3.3	48.8	2	28.6	0.6	159	2.4	48.2	1	1.5	0.3
* ORTHO-MED TRAUMA	68	0.6	100.0	37	0.8	54.4	0	0	0	31	0.5	45.6	0	0	0
ORTHO-OTH SURG ORTHO	24	0.2	100.0	7	0.1	29.2	0	0	0	13	0.2	54.2	1	1.5	4.2
ORTHO-SPORTS MED	62	0.5	100.0	41	0.8	66.1	0	0	0	19	0.3	30.6	0	0	0
* ORTHO-SURG TRAUMA	179	1.5	100.0	75	1.5	41.9	0	0	0	97	1.4	54.2	2	2.9	1.1
* OTH TRAUMA-BODY INJ	38	0.3	100.0	24	0.5	63.2	0	0	0	14	0.2	36.8	0	0	0
* OTH TRAUMA-BURNS	3	0.0	100.0	0	0	0	0	0	0	1	0.0	33.3	0	0	0
* OTH TRAUMA-HEAD INJ	22	0.2	100.0	19	0.4	86.4	0	0	0	1	0.0	4.5	0	0	0
* REHAB	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-FUSION	166	1.4	100.0	87	1.8	52.4	0	0	0	70	1.0	42.2	3	4.4	1.8
SPINE-MED SPINE	57	0.5	100.0	28	0.6	49.1	0	0	0	27	0.4	47.4	0	0	0
SPINE-OTH SURG SPINE	51	0.4	100.0	23	0.5	45.1	0	0	0	23	0.3	45.1	1	1.5	2.0
THOR SURG-OTH THOR SURG	65	0.5	100.0	28	0.6	43.1	0	0	0	33	0.5	50.8	1	1.5	1.5
URO-OTH MALE REPRO	25	0.2	100.0	9	0.2	36.0	0	0	0	15	0.2	60.0	0	0	0
URO-PROSTATE	60	0.5	100.0	26	0.5	43.3	0	0	0	34	0.5	56.7	0	0	0
URO-URIN SYS	137	1.2	100.0	46	1.0	33.6	0	0	0	84	1.3	61.3	1	1.5	0.7
VASC SVC-AMPUT	8	0.1	100.0	4	0.1	50.0	0	0	0	4	0.1	50.0	0	0	0
VASC SVC-ART DIS	144	1.2	100.0	77	1.6	53.5	0	0	0	63	0.9	43.8	1	1.5	0.7
VASC SVC-OTH VASC	88	0.7	100.0	30	0.6	34.1	0	0	0	58	0.9	65.9	0	0	0
VASC SVC-VENOUS DIS	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
<b>**Zip Code</b>															
88001 LAS CRUCES	3,847	32.3	100.0	1,272	26.3	33.1	3	42.9	0.1	2,474	37.0	64.3	10	14.7	0.3
88005 LAS CRUCES	2,600	21.8	100.0	969	20.0	37.3	2	28.6	0.1	1,551	23.2	59.7	16	23.5	0.6
88007 LAS CRUCES	1,505	12.6	100.0	632	13.1	42.0	1	14.3	0.1	802	12.0	53.3	18	26.5	1.2
88011 LAS CRUCES	2,183	18.3	100.0	1,112	23.0	50.9	0	0	0	1,007	15.0	46.1	12	17.6	0.5
88012 LAS CRUCES	1,769	14.9	100.0	854	17.6	48.3	1	14.3	0.1	860	12.8	48.6	12	17.6	0.7

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	UMIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
<b>**Product Line</b>	232	100.0	1.9	0.5
ORTHO-FOOT	1	0.4	20.0	0
ORTHO-GEN MED ORTHO	1	0.4	2.0	1.6
ORTHO-HAND	0	0	0	0
ORTHO-JOINT REPL	3	1.3	0.9	4
* ORTHO-MED TRAUMA	0	0	0	0
ORTHO-OTH SURG ORTHO	3	1.3	12.5	0
ORTHO-SPORTS MED	2	0.9	3.2	0
* ORTHO-SURG TRAUMA	4	1.7	2.2	1
* OTH TRAUMA-BODY INJ	0	0	0	0
* OTH TRAUMA-BURNS	2	0.9	66.7	0
* OTH TRAUMA-HEAD INJ	1	0.4	4.5	1
* REHAB	0	0	0	2
SPINE-FUSION	4	1.7	2.4	2
SPINE-MED SPINE	2	0.9	3.5	0
SPINE-OTH SURG SPINE	4	1.7	7.8	0
THOR SURG-OTH THOR SURG	2	0.9	3.1	1
URO-OTH MALE REPRO	1	0.4	4.0	0
URO-PROSTATE	0	0	0	0
URO-JURIN SYS	5	2.2	3.6	1
VASC SVC-AMPUT	0	0	0	0
VASC SVC-ART DIS	3	1.3	2.1	0
VASC SVC-OTH VASC	0	0	0	0
VASC SVC-VENOUS DIS	0	0	0	0
<b>**ZIP Code</b>				
88001 LAS CRUCES	73	31.5	1.9	15
88005 LAS CRUCES	47	20.3	1.8	15
88007 LAS CRUCES	38	16.4	2.5	14
88011 LAS CRUCES	40	17.2	1.8	12
88012 LAS CRUCES	34	14.7	1.9	8
				15
				23.4
				0.6
				21.9
				18.8
				12.5
				0.5

3

1598

Susana Montana

**From:** David Weir  
**Sent:** Monday, June 24, 2013 8:24 AM  
**To:** Susana Montana; Katherine H. Rogers  
**Cc:** Vincent Banegas  
**Subject:** FW: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

FYI

**From:** [clark\\_2012@comcast.net](mailto:clark_2012@comcast.net)  
**To:** [whiteknyght@opendoor.com](mailto:whiteknyght@opendoor.com); [johnmill9@toast.net](mailto:johnmill9@toast.net); [cjmpotter@comcast.net](mailto:cjmpotter@comcast.net); [lipson@zianet.com](mailto:lipson@zianet.com); [mayor@las-cruces.org](mailto:mayor@las-cruces.org); [nathan.p.small@gmail.com](mailto:nathan.p.small@gmail.com); [sharon1031@gmail.com](mailto:sharon1031@gmail.com); [gillsorg@gmail.com](mailto:gillsorg@gmail.com); [gsmith@las-cruces.org](mailto:gsmith@las-cruces.org); [miguel.silva@las-cruces.org](mailto:miguel.silva@las-cruces.org); [olgapedroza1@hotmail.com](mailto:olgapedroza1@hotmail.com); [rgarza@las-cruces.org](mailto:rgarza@las-cruces.org)  
**CC:** [whiteknyght@opendoor.com](mailto:whiteknyght@opendoor.com)  
**Subject:** Re: a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal  
**Date:** Fri, 21 Jun 2013 14:16:51 -0600

Makes so much sense I doubt if the Mayor and city council would do it. If they need any guidance I'm sure the well qualified Planning Departments of Boston or Baltimore - both who use the suggested approach - would tutor them.

----- Original Message -----

**From:** Charlotte Lipson  
**To:** Mayor Ken Miyagishima ; Nathan P. Small ; Sharon Thomas ; Gill Sorg ; Greg Smith ; Miguel Silva ; Olga Pedroza ; Robert Garza  
**Cc:** Michael Hays  
**Sent:** Friday, June 21, 2013 11:57 AM  
**Subject:** a BRILLIANT analysis & suggestion re Las Cruces Golf Course Proposal

This makes a lot more sense than just "trusting" the developer. Michael Hays' analysis suggests that the developer would buy the Country Club site at a probably already-agreed-upon bargain price and once the zoning change is in place he can flip it and make a gigantic profit, perhaps double or triple his cost. And whoever buys it will be able to build ANYTHING there once it's zoned commercial. Soooooo...why doesn't the City Of Las Cruces buy it for the short term at the bargain price, get the zoning change and then sell it at a huge profit WITH CONDITIONS as to what can be built there?!

Please read Michael's blog and let us know what you think. [emphases in red **and in bold print** are mine]

I urge everyone to attend the Planning & Zoning Commission meeting this Thursday, June 25, 6 PM in the City Hall chamber.

Thank you.

Charlotte

Begin forwarded message:

**From:** Hays Michael <[whiteknyght@opendoor.com](mailto:whiteknyght@opendoor.com)>

**Subject: A Warning about the Las Cruces Golf Course Proposal, and a Suggestion**

**Date:** June 21, 2013 11:26:03 AM MDT

**To:** Hays Michael <[whiteknyght@opendoor.com](mailto:whiteknyght@opendoor.com)>

Friends,

I have written this blog in a hurry, in anticipation of the Planning and Zoning Commission meeting on the 25th. As someone famous once famously said--I paraphrase--I regret that I did not have the time to make this shorter. And, for myself, I am sorry if it is longer because it is repetitive.

I offer a critique of the proposal itself and a theory of its underlying purposes. I also offer an alternative: city purchase and disposition of the property in a way which can not only serve private-sector interests, but also ensure public-sector interests.

Michael

#### Bait and Switch – Las Cruces Golf Course Re-Zoning Proposal

As I write this extra blog, I expect the Planning and Zoning Commission to bite, and City Council to swallow, the bait which allows the Galichia developer and Pofahl contractor team to switch plans in developing the site of the defunct Las Cruces Golf Course site. The team has signaled that it intends to offer one plan to secure a zoning change and then to operate according to another plan.

I believe that the site should be a multi-purpose site with mixed-use buildings. But I also believe that Las Cruces should ensure that its private-sector development accords with public-sector interests.

Neither the developer nor the contractor has done much to show the compatibility of the two sets of interests. Galichia has been unresponsive to inquiries from the press and the public. Pofahl has conducted several public meetings. But he has stated that he as developer does not speak for Galichia as developer. Since the developer decides what the contractor does, nothing which Pofahl says necessarily represents anything which Galichia intends. So the public cannot trust that what Pofahl talks Galichia will walk. If the developer and contractor were honest about their purposes, they would not operate in this fashion.

For instance, on Tuesday, 18 June, Pofahl conducted a final, information-only meeting to address many major issues of public concern. However, Pofahl failed to do more than describe minor changes to the site design, which he showed in a brochure available to all. Yet he and his brochure omitted mention or designation of the helipad. And he ruled out questions from attendees because, as is usual in such meetings, he feared that their questions might inform other attendees of issues which they had not considered and compound his problems with the public.

The brochure which Pofahl distributed to attendees was an attractive, four-color pitch for the 110-acre site to be developed for living, working, playing, and shopping. Pofahl described the 30-acre sub-site for a medical complex at one point as an adjunct service for residents, at another point as a regional resource. He has also described it as both a specialized facility for cardiac care and as a full-service facility. What this either-or, both-and double-talk reveals about the developer's or the contractor's real intentions is anybody's guess. Fortunately, a small-print legal advisory note makes clear that the Galichia/Pofahl team plan is puffery:

1800  
"All improvements, plans, amenities and land uses herein are proposed and subject to change without notice per the developers [sic] discretion. There can be no assurance that the current proposed improvements or amenities will be completed."

In short, the attractiveness of the contractor's site design is part of the developer's plan to win a change in the zoning without making any commitment to implement the design. Given the open-endedness of "the developers discretion," the Galichia/Pofahl team can change from this plan to another plan about which no one—not the Planning and Zoning Commission, not City Council, not the citizens—has any knowledge. In effect, the team wants a worthless promise to pay for real benefits: a zoning change which enhances the value of the property.

The Galichia/Pofahl team's approach is a strange one and should create suspicion about its purposes. The team has indicated that the offer to buy the entire 110-acre site is contingent on its rezoning to a high-density residential and commercial site. And it has developed an attractive site design for the entire site. Yet it is making its purchase contingent on the prior approval of rezoning for a 30-acre parcel for a medical complex consisting of a hospital and a seniors' assisted-living facility. The inevitable question is why the team wants prior approval to build a medical facility on a part of the site as a condition of its purchase of the whole site.

My answer is a simple one. Galichia is known for developing or operating medical facilities but not for developing or operating high-density residential and commercial sites. It can easily build a medical and assisted living complex, and it can readily accept the city's requirements for, or restrictions on, the design and development of this parcel. But rezoning of the entire parcel leaves the design and development of the remaining 80-acre parcel entirely to the teams' discretion, without any requirements or restrictions. Although it offers a mixed-use, multi-purpose site design for that parcel, it has indicated that the design is subject to change at the developer's discretion. So many alternative designs and developments are possible, including sale of the land itself to yet another developer and contractor. In short, the Galichia/Pofahl team is using an apparently plausible plan for a 30-acre medical complex and an attractive but commitment-free promise for the 80-acre remainder of the site as the bait to a switch to unfettered and, from the city's and the citizenry's perspective, potentially undesirable disposition, design, and development of the remaining land.

Good reasons exist to question the bona fides of this proposal. Despite Galichia's business in such complexes, its proposal makes dubious business sense in the first place and less public-interest sense in the second place. Of course, the devil is in the details, but it is also in the design. (Many thanks to Connie Potter for calling attention to many legal and technical problems with the medical complex.) Adding a third hospital to two full-service hospitals operating at less than full capacity is unnecessary because more excess capacity and greater competition is likely to jeopardize its and their profitability, even its or their financial viability. If the third hospital achieves viability, it will do so by specializing in expensive procedures, attracting doctors and patients from the other hospitals, and jeopardizing their quality of care and viability. If the third hospital does not achieve viability, it will still have damaged the other two hospitals. Its loss will be modest, however, because the medical complex, if it fails to thrive as intended, can survive by converting its facilities to serve as an office or business park. To repeat, given these obvious risks to all parties, the proposed 30-acre medical complex may be the real bait on the hook for the design and development of a very different kind on the remaining 80-acre parcel.

**In all likelihood, the Galichia/Pofahl team has agreed on a purchase price of the golf course site as it is, a price probably substantially less than the original asking price of \$7 million though far more than the city's bad-faith offer of \$1 million—perhaps in the \$4.5-to-\$5.5 million-dollar range. If the team gets the zoning change, the value of the site will increase and create an instant potential for profit by reselling parts or all of the 80-acre parcel. Presently, the developer-contractor proposal asks City Council to approve a zoning change which gives away great value and to accept plans subject to change and promises liable to breakage in return. In**

the end, the city not only may not benefit, but also may lose in many economic, social, and cultural ways.

There is an alternative. The city can do what it should have done long ago: purchase the site, change the zoning, and make the sale of parts or all of the site contingent on binding conditions on design and development. The city would lose little, if any, money, and might even make some; and would ensure that the site not only serves private-sector interests, but also ensures public-sector interests.

**Susana Montana**

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**From:** Adam Ochoa  
**Sent:** Monday, June 24, 2013 8:11 AM  
**To:** Susana Montana  
**Subject:** FW: Case Z2860

FYI.

**Adam Ochoa**  
Planner  
Community Development Department  
City of Las Cruces  
(575) 528-3204

---

**From:** Robert Pennington [<mailto:pennington@zianet.com>]  
**Sent:** Saturday, June 22, 2013 11:04 PM  
**To:** Adam Ochoa  
**Subject:** Case Z2860

Dear Mr. Ochoa,

I have examined the staff recommendation for the requested Country Club zoning change. I will not speak for or against the change. But I am concerned that the recommendation asserts that the current R-1a zoning is "unreasonable" without providing criteria for determining what distinguishes reasonable from unreasonable.

I hope you will convey my concern to the P&Z Commission and to staff as well so they can clarify.

Thank you.

Robert Pennington, Ph.D.  
4555 Panorama Drive  
Las Cruces, New Mexico 88011  
(575) 373-4959

RE: ~~1003~~ MIGRATION

2

Total MVRMC Discharges  
Total MMC Discharges

7,795 AHD.com  
10,431 AHD.com

Source Data: AHD.COM

Gross Albq Discharges  
Less: Gen Surg-Trauma  
Ortho-Surg Trauma  
Oth Trauma Burns  
Oth Trauma Head Injury  
Net Albq. Discharges

364  
(6)  
(7)  
(2)  
(2)

Source Data for for ABQ  
Outmigration: Solucient

347 ← ABQ outmigration: 1.81%

Gross El Paso Discharges  
Less: Kindred  
Univ Behav Hlth  
Gen Med Psych  
Gen Surg - Trauma  
Neurosurg-Trauma  
Ortho Med-Trauma  
Ortho Surg - Trauma  
Oth Trauma - Body Inj  
Oth Trauma - Burns  
Oth Trauma - Head Inj  
Rehab  
Net El Paso Discharges

1,341  
(31)  
(56)  
(13)  
(17)  
(1)  
(19)  
(45)  
(32)  
(4)  
(49)  
(15)

Source Data for El Paso  
Outmigration: Texas  
Healthcare Information  
Council

El Paso outmigration: 5.39% or  
4.58% is you exclude Obstetrics  
as new hospital not providing.

1,059 ←  
Down from 25% just prior to  
MountainView Regional Medical  
Center opening based on  
MedPar/HCIA Data utilized by  
Triad and shared with community.

Total Las Cruces Discharges

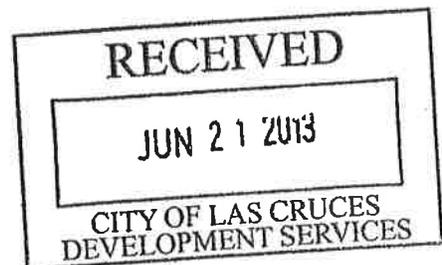
19,632

Alb/El Paso Net Discharges

1,406

Out Migration %

7.2% ← El Paso / ABQ Combined  
Outmigration: 7.2%



**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

	Total Market		DEL SOL MC EL PASO		KINDRED HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEM HSP EL PASO	
	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market
<b>**Total Cases(excl NB and Neo)</b>	1,341	100.0	75	100.0	31	100.0	241	100.0	223	100.0
<b>**Time Period</b>										
2011Q1	340	25.4	23	30.7	5	16.1	58	24.1	44	19.7
2011Q2	330	24.6	22	29.3	7	22.6	63	26.1	54	24.2
2011Q3	343	25.6	11	14.7	13	41.9	66	27.4	61	27.4
2011Q4	328	24.5	19	25.3	6	19.4	54	22.4	64	28.7
<b>**Primary Payer</b>										
Blue Cross	31	2.3	0	0	1	3.2	0	0	0	0
CHAMPUSVA	65	4.8	3	4.0	1	3.2	13	5.4	11	4.9
Comm HMO	15	1.1	3	4.0	1	3.2	8	3.3	1	0.4
Comm Ins	142	10.6	1	1.3	5	16.1	1	0.4	0	0
Comm PPO	218	16.3	25	33.3	0	0	73	30.3	66	29.6
Liability	57	4.3	0	0	0	0	0	0	0	0
Medicaid	294	21.9	5	6.7	0	0	67	27.8	79	35.4
Medicare A	342	25.5	30	40.0	19	61.3	56	23.2	47	21.1
Medicare B	2	0.1	0	0	0	0	0	0	0	0
Medicare HMO	67	5.0	4	5.3	4	12.9	10	4.1	11	4.9
Other	10	0.7	1	1.3	0	0	7	2.9	1	0.4
POS	9	0.7	0	0	0	0	0	0	4	1.8
Self Pay/Indigent	72	5.4	2	2.7	0	0	5	2.1	3	1.3
Workers Comp	17	1.3	1	1.3	0	0	1	0.4	0	0
<b>**Product Line</b>										
CARD SVC-CARD EP	2	0.1	1	1.3	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	5	0.4	0	0	0	0	1	0.4	0	0
CARD SVC-CARD SURG	12	0.9	0	0	0	0	1	0.4	0	0
CARD SVC-DRUG-ELUT STENT	4	0.3	1	1.3	0	0	1	0.4	2	0.9
CARD SVC-MED CARD	28	2.1	1	1.3	2	6.5	5	2.1	9	4.0
CARD SVC-MED CARD-AMI	3	0.2	1	1.3	0	0	0	0	2	0.9
CARD SVC-MED CARD-HEART FAILURE	6	0.4	0	0	0	0	1	0.4	1	0.4
CARD SVC-NON-ELUT STENT/OTH PCI	7	0.5	4	5.3	0	0	0	0	0	0

(Continued)

**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

	R.E. THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV/HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
<b>**Total (Cases (ex NB and Neo))</b>	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
<b>**Time Period</b>															
2011Q1	128	31.2	37.6	28	21.5	8.2	4	21.1	1.2	11	19.6	3.2	39	25.0	11.5
2011Q2	99	24.1	30.0	36	27.7	10.9	3	15.8	0.9	10	17.9	3.0	36	23.1	10.9
2011Q3	97	23.7	28.3	34	26.2	9.9	4	21.1	1.2	14	25.0	4.1	43	27.6	12.5
2011Q4	86	21.0	26.2	32	24.6	9.8	8	42.1	2.4	21	37.5	6.4	38	24.4	11.6
<b>**Primary Payer</b>															
Blue Cross	7	1.7	22.6	0	0	0	0	0	0	6	10.7	19.4	17	10.9	54.8
CHAMPUSVA	9	2.2	13.8	13	10.0	20.0	3	15.8	4.6	11	19.6	16.9	1	0.6	1.5
Comm HMO	0	0	0	0	0	0	0	0	0	0	0	0	2	1.3	13.3
Comm Ins	57	13.9	40.1	0	0	0	0	0	0	32	57.1	22.5	46	29.5	32.4
Comm PPO	9	2.2	4.1	31	23.8	14.2	7	36.8	3.2	0	0	0	7	4.5	3.2
Liability	57	13.9	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	123	30.0	41.8	4	3.1	1.4	4	21.1	1.4	0	0	0	12	7.7	4.1
Medicare A	67	16.3	19.6	56	43.1	16.4	3	15.8	0.9	7	12.5	2.0	57	36.5	16.7
Medicare B	1	0.2	50.0	0	0	0	0	0	0	0	0	0	1	0.6	50.0
Medicare HMO	15	3.7	22.4	20	15.4	29.9	0	0	0	0	0	0	3	1.9	4.5
Other	1	0.2	10.0	0	0	0	0	0	0	0	0	0	0	0	0
POS	0	0	0	3	2.3	33.3	2	10.5	22.2	0	0	0	0	0	0
Self Pay/Indigent	53	12.9	73.6	3	2.3	4.2	0	0	0	0	0	0	6	3.8	8.3
Workers Comp	11	2.7	64.7	0	0	0	0	0	0	0	0	0	4	2.6	23.5
<b>**Product Line</b>															
CARD SVC-CARD EP	0	0	0	1	0.8	50.0	0	0	0	0	0	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	3	2.3	60.0	0	0	0	0	0	0	1	0.6	20.0
CARD SVC-CARD SURG	1	0.2	8.3	1	0.8	8.3	0	0	0	0	0	0	9	5.8	75.0
CARD SVC-DRUG-ELUT STENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD	4	1.0	14.3	5	3.8	17.9	2	10.5	7.1	0	0	0	0	0	0
CARD SVC-MED CARD-AMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	3	0.7	50.0	1	0.8	16.7	0	0	0	0	0	0	0	0	0
CARD SVC-NON-ELUT STENT/OTH PCI	0	0	0	1	0.8	14.3	0	0	0	0	0	0	2	1.3	28.6

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**Center - Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

Product Line	Total Market		DEL SOL MC EL PASO		KINDRED HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEMH SP EL PASO	
	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total
ENT-HEAD NECK SURG	5	0.4	0	0	0	0	0	0	0	0
ENT-ORAL MAXIL SURG	6	0.4	0	0	0	0	0	0	0	0
ENT-OTH ENT	12	0.9	0	0	0	0	0	0	2	0.9
ENT-OTOLOGY	9	0.7	0	0	0	0	3	1.2	2	0.9
GEN MED-DERM	14	1.0	0	0	2	6.5	1	0.4	2	0.9
GEN MED-ENDO	28	2.1	1	1.3	1	3.2	3	1.2	8	3.5
GEN MED-GASTRO	53	4.0	0	0	2	6.5	6	2.5	20	9.0
GEN MED-INFECT DIS	30	2.2	1	1.3	3	9.7	4	1.7	5	2.2
GEN MED-NEPHROLOGY	17	1.3	0	0	0	0	3	1.2	4	1.8
GEN MED-OTH GEN MED	9	0.7	1	1.3	0	0	0	0	1	0.4
* GEN MED-PSYCH	67	5.0	0	0	0	0	0	0	1	0.4
GEN MED-PULM	86	6.4	2	2.7	10	32.3	8	3.3	14	6.3
GEN MED-RHEUM	5	0.4	0	0	0	0	1	0.4	1	0.4
GEN MED-SUBST	19	1.4	0	0	0	0	1	0.4	6	2.7
GEN SURG-ADHESIONS	5	0.4	0	0	0	0	2	0.8	1	0.4
GEN SURG-APPEND	6	0.4	0	0	0	0	3	1.2	0	0
GEN SURG-BARIATRIC/OBESITY	36	2.7	16	21.3	0	0	8	3.3	12	5.4
GEN SURG-BREAST	1	0.1	0	0	0	0	0	0	1	0.4
GEN SURG-CHOLE	10	0.7	1	1.3	0	0	0	0	4	1.8
GEN SURG-ENDO	4	0.3	3	4.0	0	0	1	0.4	0	0
GEN SURG-HEP/PANCR	3	0.2	0	0	0	0	0	0	0	0
GEN SURG-HERNIA	4	0.3	0	0	0	0	2	0.8	1	0.4
GEN SURG-LOWER GI	27	2.0	0	0	0	0	4	1.7	6	2.7
GEN SURG-OTH GEN SURG	22	1.6	2	2.7	0	0	4	1.7	3	1.3
GEN SURG-OTH GI	1	0.1	0	0	0	0	0	0	1	0.4
GEN SURG-SKIN	11	0.8	0	0	2	6.5	2	0.8	1	0.4
GEN SURG-SPLENECTOMY	1	0.1	0	0	0	0	0	0	0	0
GEN SURG-TRACH	12	0.9	0	0	0	0	0	0	0	0
GEN SURG-TRANS	4	0.3	0	0	0	0	1	0.4	0	0

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**Center - Texas Data**  
**Inpatient Market Share Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

Product Line	R E THOMASON GEN HSP			SIERRA MC EL PASO			SIERRA PROV E MC EL PASO			UNIV BEHAV HLTH EL PASO			All Other Hospitals		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
ENT-HEAD NECK SURG	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
ENT-ORAL MAXIL SURG	0	0	0	4	3.1	80.0	0	0	0	0	0	0	1	0.6	20.0
ENT-OTH ENT	6	1.5	100.0	0	0	0	0	0	0	0	0	0	0	0	0
ENT-OTOLOGY	9	2.2	75.0	0	0	0	1	5.3	8.3	0	0	0	0	0	0
GEN MED-DERM	3	0.7	33.3	0	0	0	0	0	0	0	0	0	1	0.6	11.1
GEN MED-ENDO	2	0.5	14.3	5	3.8	35.7	0	0	0	0	0	0	2	1.3	14.3
GEN MED-GASTRO	12	2.9	42.9	0	0	0	0	0	0	0	0	0	3	1.9	10.7
GEN MED-INFECT DIS	15	3.7	28.3	7	5.4	13.2	1	5.3	1.9	0	0	0	2	1.3	3.8
GEN MED-NEPHROLOGY	8	2.0	26.7	4	3.1	13.3	1	5.3	3.3	0	0	0	4	2.6	13.3
GEN MED-OTH GEN MED	5	1.2	29.4	3	2.3	17.6	0	0	0	0	0	0	2	1.3	11.8
GEN MED-PSYCH	2	0.5	22.2	1	0.8	11.1	1	5.3	11.1	1	1.8	11.1	2	1.3	22.2
GEN MED-PULM	1	0.2	1.5	0	0	0	0	0	0	0	0	0	11	7.1	16.4
GEN MED-RHEUM	41	10.0	47.7	6	4.6	7.0	0	0	0	0	0	0	5	3.2	5.8
GEN MED-SUBST	2	0.5	40.0	0	0	0	0	0	0	0	0	0	1	0.6	20.0
GEN SURG-ADHESIONS	8	2.0	42.1	4	3.1	21.1	0	0	0	0	0	0	0	0	0
GEN SURG-APPEND	1	0.2	20.0	0	0	0	1	5.3	20.0	0	0	0	0	0	0
GEN SURG-BARIATRIC/OBESITY	3	0.7	50.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-BREAST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-CHOLE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-ENDO	0	0	0	3	2.3	30.0	0	0	0	0	0	0	0	0	0
GEN SURG-HEPA/PANCR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-HIERNIA	2	0.5	66.7	0	0	0	0	0	0	0	0	0	1	0.6	33.3
GEN SURG-LOWER GI	0	0	0	0	0	0	1	5.3	25.0	0	0	0	0	0	0
GEN SURG-OTH GEN SURG	8	2.0	29.6	4	3.1	14.8	2	10.5	7.4	0	0	0	3	1.9	11.1
GEN SURG-OTH GI	10	2.4	45.5	2	1.5	9.1	0	0	0	0	0	0	1	0.6	4.5
GEN SURG-SKIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-SPLENECTOMY	4	1.0	36.4	0	0	0	0	0	0	0	0	0	2	1.3	18.2
GEN SURG-TRACH	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
GEN SURG-TRANS	10	2.4	83.3	0	0	0	0	0	0	0	0	0	2	1.3	16.7
GEN SURG-TRANS	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	75.0

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**- Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
**Calendar Year 2011**  
**Texas Health Care Information Council (THCIC)**

**Service Area: Primary Service Area**

Product Line	Total Market		DEL SOL MC EL PASO		KINDRED/HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEM HSP EL PASO	
	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total
<b>**Product Line</b>	1,341	100.0	75	5.6	31	2.3	241	18.0	223	16.6
* GEN SURG-TRAUMA	18	1.3	0	0	1	3.2	1	0.4	3	1.3
GEN SURG-UPPER GI	17	1.3	3	4.0	0	0	1	0.4	2	0.9
GYN-GEN SURG GYN	20	1.5	1	1.3	0	0	10	4.1	6	2.7
GYN-GYN SURG ONC	6	0.4	0	0	0	0	2	0.8	0	0
INVALID	4	0.3	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	2	0.1	0	0	0	0	0	0	0	0
NEURO-MS	1	0.1	0	0	0	0	1	0.4	0	0
NEURO-NERV SYS INFECT	4	0.3	0	0	0	0	1	0.4	0	0
NEURO-OTH NEURO	9	0.7	0	0	1	3.2	0	0	0	0
NEURO-SEIZURE/EPILEPSY	16	1.2	0	0	0	0	0	0	3	1.3
NEURO-STROKE TIA	11	0.8	4	5.3	0	0	2	0.8	6	2.7
NEURO-SURG-BRAIN	25	1.9	1	1.3	0	0	4	1.7	0	0
NEURO-SURG-PERIPH CRAN DIS	1	0.1	0	0	0	0	0	0	0	0
* NEURO-SURG-TRAUMA	1	0.1	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	20	1.5	1	1.3	0	0	15	6.2	3	1.3
OB-DEL	117	8.7	6	8.0	0	0	57	23.7	22	9.9
OB-POST-PART	5	0.4	0	0	0	0	4	1.7	0	0
ONC/HEMA-HEMA MED	13	1.0	1	1.3	0	0	0	0	3	1.3
ONC/HEMA-ONC MED	24	1.8	0	0	0	0	0	0	11	4.9
OPHTHAL-MED OPHTHAL	4	0.3	0	0	0	0	0	0	0	0
OPHTHAL-SURG OPHTHAL	8	0.6	0	0	0	0	0	0	1	0.4
ORTHO-GEN MED ORTHO	19	1.4	1	1.3	4	12.9	21.1	5.3	1	0.4
ORTHO-HAND	5	0.4	0	0	0	0	0	0	0	0
ORTHO-JOINT REPL	64	4.8	1	1.3	0	0	19	7.9	3	1.3
* ORTHO-MED TRAUMA	19	1.4	0	0	0	0	0	0	1	0.4
ORTHO-OTH SURG ORTHO	13	1.0	1	1.3	0	0	2	0.8	0	0
ORTHO-SPORTS MED	13	1.0	0	0	0	0	1	0.4	1	0.4
* ORTHO-SURG TRAUMA	45	3.4	3	4.0	0	0	1	0.4	3	1.3
* OTH TRAUMA-BODY INJ	32	2.4	0	0	0	0	0	0	0	0

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**Center - Texas Data**  
**Inpatient Market Share State Data - All Inpatients**  
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*Service Area: Primary Service Area*

	R.E. THOMASON GEN HSP		SIERRA MC EL PASO		SIERRA PROVE MC EL PASO		UNIV/BEHAV HLTH EL PASO		All Other Hospitals					
	Cases	% of Total	Cases	% of Market	Cases	% of Market	Cases	% of Market	Cases	% of Market				
<b>**Product Line</b>	410	100.0	30.6	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6	
* GEN SURG-TRAUMA	9	2.2	50.0	1	0.8	5.6	0	0	0	0	0	3	1.9	16.7
GEN SURG-UPPER GI	4	1.0	23.5	4	3.1	23.5	1	5.3	5.9	0	0	2	1.3	11.8
GYN-GEN SURG GYN	2	0.5	10.0	1	0.8	5.0	0	0	0	0	0	0	0	0
GYN-GYN SURG ONC	2	0.5	33.3	0	0	0	0	0	0	0	0	2	1.3	33.3
INVALID	4	1.0	100.0	0	0	0	0	0	0	0	0	0	0	0
NEURO-DEGEN DISORD	1	0.2	50.0	1	0.8	50.0	0	0	0	0	0	0	0	0
NEURO-MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEURO-NERV SYS INFECT	2	0.5	50.0	0	0	0	1	5.3	25.0	0	0	0	0	0
NEURO-OTH NEURO	3	0.7	33.3	0	0	0	0	0	0	0	0	2	1.3	22.2
NEURO-SEIZURE/EPILEPSY	6	1.5	37.5	0	0	0	0	0	0	0	0	2	1.3	12.5
NEURO-STROKE TIA	4	1.0	36.4	1	0.8	9.1	0	0	0	0	0	0	0	0
NEUROSURG-BRAIN	14	3.4	56.0	5	3.8	20.0	0	0	0	0	0	1	0.6	4.0
NEUROSURG-PERIPH CRAN DIS	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0
* NEUROSURG-TRAUMA	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0
OB-ANTEPART CARE/HIGH RISK PREG	0	0	0	0	0	0	0	0	0	0	1	1.8	5.0	0
OB-DEL	8	2.0	6.8	13	10.0	11.1	2	10.5	1.7	0	0	9	5.8	7.7
OB-POST-PART	1	0.2	20.0	0	0	0	0	0	0	0	0	0	0	0
ONC/HEMA-HEMA MED	8	2.0	61.5	1	0.8	7.7	0	0	0	0	0	0	0	0
ONC/HEMA-ONC MED	1	0.2	4.2	2	1.5	8.3	0	0	0	0	0	10	6.4	41.7
OPHTHAL-MED OPHTHAL	3	0.7	75.0	0	0	0	0	0	0	0	0	1	0.6	25.0
OPHTHAL-SURG OPHTHAL	7	1.7	87.5	0	0	0	0	0	0	0	0	0	0	0
ORTHO-GEN MED ORTHO	7	1.7	36.8	1	0.8	5.3	1	5.3	5.3	0	0	3	1.9	15.8
ORTHO-HAND	4	1.0	80.0	0	0	0	0	0	0	0	0	1	0.6	20.0
ORTHO-JOINT REPL	3	0.7	4.7	14	10.8	21.9	1	5.3	1.6	0	0	23	14.7	35.9
* ORTHO-MED TRAUMA	16	3.9	84.2	1	0.8	5.3	0	0	0	0	0	1	0.6	5.3
ORTHO-OTH SURG ORTHO	8	1.5	46.2	2	1.5	15.4	0	0	0	0	0	2	1.3	15.4
ORTHO-SPORTS MED	6	2.0	61.5	0	0	0	1	5.3	7.7	0	0	2	1.3	15.4
* ORTHO-SURG TRAUMA	31	7.6	68.9	1	0.8	2.2	0	0	0	0	0	6	3.8	13.3
* OTH TRAUMA-BODY INJ	32	7.8	100.0	0	0	0	0	0	0	0	0	0	0	0

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- Texas Data  
 Inpatient Market Share State Data - All Inpatients  
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Service Area: Primary Service Area

Product Line	Total Market		DEL SOL MC EL PASO		KINDRED HSP EL PASO		LAS PALMAS MC EL PASO		PROV MEM HSP EL PASO	
	Cases	% of Market Share	Cases	% of Market Share	Cases	% of Market Share	Cases	% of Market Share	Cases	% of Market Share
1,341	100.0	100.0	75	5.6	31	2.3	241	18.0	223	16.6
* OTH TRAUMA-BURNS	4	0.3	0	0	0	0	0	0	0	0
* OTH TRAUMA-HEAD INJ	50	3.7	3	4.0	1	3.2	0	0	1	0.4
* REHAB	15	1.1	2	2.7	0	0	10	4.1	0	0
SPINE-FUSION	63	4.7	9	12.0	0	0	25	10.4	7	3.1
SPINE-MED SPINE	12	0.9	0	0	0	0	0	0	0	0
SPINE-OTH SURG SPINE	21	1.6	0	0	0	0	7	2.9	5	2.2
THOR SURG-OTH THOR SURG	4	0.3	1	1.3	1	3.2	0	0	1	0.4
URO-OTH MALE REPRO	4	0.3	0	0	0	0	1	0.4	1	0.4
URO-PROSTATE	19	1.4	1	1.3	0	0	1	0.4	16	7.2
URO-URIN SYS	17	1.3	0	0	0	0	2	0.8	8	3.6
VASC SVC-AMPUT	1	0.1	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	13	1.0	1	1.3	0	0	1	0.4	3	1.3
VASC SVC-OTH VASC	8	0.6	0	0	1	3.2	2	0.8	2	0.9
**ZIP Code										
88001 LAS CRUCES	390	29.1	23	30.7	11	35.5	75	31.1	54	24.2
88005 LAS CRUCES	303	22.6	17	22.7	6	19.4	50	20.7	46	20.6
88007 LAS CRUCES	190	14.2	9	12.0	6	19.4	24	10.0	36	16.1
88011 LAS CRUCES	236	17.6	16	21.3	6	19.4	48	19.9	38	17.0
88012 LAS CRUCES	222	16.6	10	13.3	2	6.5	44	18.3	49	22.0

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**Service Area: Primary Service Area**

Product Line	R E THOMAS ON GEN HSP		SIERRA M O E L PASO		SIERRA P R O V E MC EL PASO		UNIV BEHAV HLTH EL PASO		All Other Hospitals						
	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share	Cases	% of Market Total Share					
<b>**Product Line</b>	410	100.0	30.6	130	100.0	9.7	19	100.0	1.4	56	100.0	4.2	156	100.0	11.6
* OTH TRAUMA-BURNS	0	0	0	0	0	0	0	0	0	0	0	0	4	2.6	100.0
* OTH TRAUMA-HEAD INJ	42	10.2	84.0	0	0	0	0	0	0	0	0	0	3	1.9	6.0
* REHAB	0	0	0	0	0	0	0	0	0	0	0	0	3	1.9	20.0
SPINE-FUSION	2	0.5	3.2	15	11.5	23.8	2	10.5	3.2	0	0	0	3	1.9	4.8
SPINE-MED SPINE	10	2.4	83.3	1	0.8	8.3	0	0	0	0	0	0	1	0.6	8.3
SPINE-OTH SURG SPINE	3	0.7	14.3	3	2.3	14.3	0	0	0	0	0	0	3	1.9	14.3
THOR SURG-OTH THOR SURG	0	0	0	1	0.8	25.0	0	0	0	0	0	0	0	0	0
URO-OTH MALE REPRO	2	0.5	50.0	0	0	0	0	0	0	0	0	0	0	0	0
URO-PROSTATE	0	0	0	0	0	0	0	0	0	0	0	0	1	0.6	5.3
URO-URIN SYS	1	0.2	5.9	1	0.8	5.9	0	0	0	0	0	0	5	3.2	29.4
VASC SVC-AMPUT	1	0.2	100.0	0	0	0	0	0	0	0	0	0	0	0	0
VASC SVC-ART DIS	0	0	0	5	3.8	38.5	0	0	0	0	0	0	3	1.9	23.1
VASC SVC-OTH VASC	0	0	0	1	0.8	12.5	0	0	0	0	0	0	2	1.3	25.0
<b>**ZIP Code</b>															
88001 LAS CRUCES	136	33.2	34.9	45	34.6	11.5	3	15.8	0.8	17	30.4	4.4	26	16.7	6.7
88005 LAS CRUCES	91	22.2	30.0	19	14.6	6.3	7	36.8	2.3	8	14.3	2.6	59	37.8	19.5
88007 LAS CRUCES	47	11.5	24.7	26	20.0	13.7	5	26.3	2.6	8	14.3	4.2	29	18.6	15.3
88011 LAS CRUCES	66	16.1	28.0	23	17.7	9.7	2	10.5	0.8	8	14.3	3.4	29	18.6	12.3
88012 LAS CRUCES	70	17.1	31.5	17	13.1	7.7	2	10.5	0.9	15	26.8	6.8	13	8.3	5.9

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

Time Period	Total Market			MTN VIEW REG MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share	Cases	% of Total	Market Share
Total Cases (ex NB and Neo)	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,994	100.0	56.2	68	100.0	0.6
2012Q1	3,046	25.6	100.0	1,210	25.0	39.7	2	28.6	0.1	1,752	26.2	57.5	19	27.9	0.6
2012Q2	3,087	25.9	100.0	1,215	25.1	39.4	2	28.6	0.1	1,754	26.2	56.8	23	33.8	0.7
2012Q3	2,876	24.2	100.0	1,195	24.7	41.6	1	14.3	0.0	1,596	23.8	55.5	14	20.6	0.5
2012Q4	2,895	24.3	100.0	1,219	25.2	42.1	2	28.6	0.1	1,592	23.8	55.0	12	17.6	0.4
<b>Primary Payor</b>															
Blue Cross/Blue Shield	732	6.1	100.0	0	0	0	2	28.6	0.3	668	10.0	91.3	11	16.2	1.5
Champus, Military, VA - Indemnity Plan	4	0.0	100.0	0	0	0	1	14.3	25.0	0	0	0	0	0	0
Champus, Military, VA - Other Managed Care	3	0.0	100.0	0	0	0	0	0	0	0	0	0	3	4.4	100.0
Champus, Military, VA - Unknown	62	0.5	100.0	0	0	0	0	0	0	56	0.8	90.3	0	0	0
County Indigent - HMO	12	0.1	100.0	12	0.2	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Indemnity Plan	45	0.4	100.0	45	0.9	100.0	0	0	0	0	0	0	0	0	0
County Indigent - Other Managed Care	210	1.8	100.0	194	4.0	92.4	0	0	0	0	0	0	0	0	0
Free	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid - HMO	12	0.1	100.0	0	0	0	0	0	0	0	0	0	11	16.2	91.7
Medicaid - Indemnity Plan	43	0.4	100.0	0	0	0	3	42.9	7.0	0	0	0	0	0	0
Medicaid - Other Managed Care	1,537	12.9	100.0	0	0	0	0	0	0	1,463	21.9	95.2	17	25.0	1.1
Medicaid - Unknown	289	2.4	100.0	0	0	0	0	0	0	288	4.3	99.7	0	0	0
Medicare - HMO	10	0.1	100.0	0	0	0	0	0	0	0	0	0	1	1.5	10.0
Medicare - Indemnity Plan	10	0.1	100.0	0	0	0	1	14.3	10.0	0	0	0	0	0	0
Medicare - Other Managed Care	675	5.7	100.0	0	0	0	0	0	0	660	9.9	97.8	14	20.6	2.1
Medicare - Unknown	2,260	19.0	100.0	0	0	0	0	0	0	2,225	33.2	98.5	0	0	0
Other Government - Indemnity Plan	1	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
Other Government - Unknown	2,476	20.8	100.0	2,435	50.3	98.3	0	0	0	34	0.5	1.4	0	0	0
Private Insurance - HMO	398	3.3	100.0	0	0	0	0	0	0	363	5.4	91.2	4	5.9	1.0
Private Insurance - Indemnity Plan	104	0.9	100.0	0	0	0	0	0	0	95	1.4	91.3	0	0	0
Private Insurance - Other Managed Care	965	8.1	100.0	944	19.5	97.8	0	0	0	15	0.2	1.6	4	5.9	0.4
Private Insurance - Unknown	130	1.1	100.0	130	2.7	100.0	0	0	0	0	0	0	0	0	0
Self Pay, No Insurance	829	7.0	100.0	0	0	0	0	0	0	813	12.1	98.1	2	2.9	0.2
Workers Comp - Indemnity Plan	14	0.1	100.0	0	0	0	0	0	0	14	0.2	100.0	0	0	0
Workers Comp - Other Managed Care	1	0.0	100.0	0	0	0	0	0	0	0	0	0	1	1.5	100.0

(Continued)

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Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
**Total Cases(ex NB and Neo)	232	100.0	1.9	64
**Time Period				100.0
2012Q1	48	20.7	1.6	15
2012Q2	79	34.1	2.6	14
2012Q3	50	21.6	1.7	20
2012Q4	55	23.7	1.9	15
**Primary Payor				23.4
Blue Cross/Blue Shield	37	15.9	5.1	14
Champus, Military, VA - Indemnity Plan	0	0	0	3
Champus, Military, VA - Other Managed Ca	0	0	0	0
Champus, Military, VA - Unknown	6	2.6	9.7	0
County Indigent - HMO	0	0	0	0
County Indigent - Indemnity Plan	0	0	0	0
County Indigent - Other Managed Care	16	6.9	7.6	0
Free	2	0.9	100.0	0
Medicaid - HMO	0	0	0	1
Medicaid - Indemnity Plan	33	14.2	76.7	7
Medicaid - Other Managed Care	56	24.1	3.6	1
Medicaid - Unknown	0	0	0	1
Medicare - HMO	3	1.3	30.0	6
Medicare - Indemnity Plan	0	0	0	9
Medicare - Other Managed Care	0	0	0	1
Medicare - Unknown	30	12.9	1.3	5
Other Government - Indemnity Plan	0	0	0	1
Other Government - Unknown	7	3.0	0.3	0
Private Insurance - HMO	20	8.6	5.0	11
Private Insurance - Indemnity Plan	9	3.9	8.7	0
Private Insurance - Other Managed Care	0	0	0	2
Private Insurance - Unknown	0	0	0	0
Self Pay, No Insurance	12	5.2	1.4	2
Workers Comp - Indemnity Plan	0	0	0	0
Workers Comp - Other Managed Care	0	0	0	0

(Continued)

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area	Total Market		MTNVIEW REG MED		GILA REG MC		MEM MC		PRESBY HSP				
	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share			
**Primary Payor	11,904	100.0	4,839	100.0	40.7	100.0	0.1	100.0	56.2	100.0	68	100.0	0.6
Workers Comp - Unknown	1,080	9.1	1,079	22.3	99.9	0	0	0	0	0	0	0	0
**Product Line													
CARD SVC-CARD EP	17	0.1	9	0.2	52.9	0	0	0	0	0	8	0.1	47.1
CARD SVC-CARD EP-PACEMAKER	46	0.4	22	0.5	47.8	0	0	0	0	0	23	0.3	50.0
CARD SVC-CARD SURG	32	0.3	12	0.2	37.5	0	0	0	0	0	12	0.2	37.5
CARD SVC-CARD SURG-CABG	71	0.6	24	0.5	33.8	0	0	0	0	0	47	0.7	66.2
CARD SVC-DRUG-ELLUT STENT	199	1.7	111	2.3	55.8	0	0	0	0	0	87	1.3	43.7
CARD SVC-MED CARD	592	5.0	297	6.1	50.2	0	0	0	0	0	289	4.3	48.8
CARD SVC-MED CARD-AMI	47	0.4	19	0.4	40.4	0	0	0	0	0	28	0.4	59.6
CARD SVC-MED CARD-HEART FAILURE	217	1.8	95	2.0	43.8	0	0	0	0	0	121	1.8	55.8
CARD SVC-NON-ELUT STENT/OTH PCI	58	0.5	20	0.4	34.5	0	0	0	0	0	33	0.5	56.9
ENT-HEAD NECK SURG	19	0.2	8	0.2	42.1	0	0	0	0	0	11	0.2	57.9
ENT-ORAL MAXIL SURG	18	0.2	6	0.1	33.3	0	0	0	0	0	11	0.2	61.1
ENT-OTH ENT	42	0.4	9	0.2	21.4	0	0	0	0	0	20	0.3	47.6
ENT-OTOLOGY	65	0.5	30	0.6	46.2	0	0	0	0	0	34	0.5	52.3
ENT-TRACH	4	0.0	0	0	0	0	0	0	0	0	3	0.0	75.0
GEN MED-DERM	230	1.9	104	2.1	45.2	0	0	0	0	0	123	1.8	53.5
GEN MED-ENDO	441	3.7	182	3.8	41.3	0	0	0	0	0	248	3.7	56.2
GEN MED-GASTRO	1,217	10.2	489	10.1	40.2	0	0	0	0	0	706	10.5	58.0
GEN MED-INFECT DIS	409	3.4	227	4.7	55.5	0	0	0	0	0	178	2.7	43.5
GEN MED-NEPHROLOGY	503	4.2	194	4.0	38.6	0	0	0	0	0	305	4.6	60.6
GEN MED-OTH GEN MED	128	1.1	52	1.1	40.6	0	0	0	0	0	69	1.0	53.9
GEN MED-PSYCH	501	4.2	15	0.3	3.0	2	28.6	0.4	0	0	477	7.1	95.2
GEN MED-PULM	1,271	10.7	526	10.9	41.4	0	0	0	0	0	729	10.9	57.4
GEN MED-RHEUM	47	0.4	16	0.3	34.0	0	0	0	0	0	26	0.4	55.3
GEN MED-SUBST	278	2.3	61	1.3	21.9	0	0	0	0	0	217	3.2	78.1
GEN SURG-ADHESIONS	30	0.3	11	0.2	36.7	0	0	0	0	0	17	0.3	56.7
GEN SURG-APPEND	135	1.1	63	1.3	46.7	0	0	0	0	0	70	1.0	51.9
GEN SURG-BREAST	23	0.2	9	0.2	39.1	0	0	0	0	0	13	0.2	56.5
GEN SURG-CHOLE	183	1.5	93	1.9	50.8	0	0	0	0	0	87	1.3	47.5
GEN SURG-ENDO	20	0.2	6	0.1	30.0	0	0	0	0	0	14	0.2	70.0

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Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

	UNIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
**Primary Payor	232	100.0	1.9	0.5
Workers Comp - Unknown	1	0.4	0.1	0
**Product Line				
CARD SVC-CARD EP	0	0	0	0
CARD SVC-CARD EP-PACEMAKER	0	0	0	0
CARD SVC-CARD SURG	1	0.4	3.1	1.6
CARD SVC-CARD SURG-CABG	0	0	0	0
CARD SVC-DRUG-ELUT STENT	1	0.4	0.5	0
CARD SVC-MED CARD	3	1.3	0.5	4.7
CARD SVC-MED CARD-AMI	0	0	0	0
CARD SVC-MED CARD-HEART FAILURE	0	0	0	1.6
CARD SVC-NON-ELUT STENT/OTH PCI	2	0.9	3.4	3.1
ENT-HEAD NECK SURG	0	0	0	0
ENT-ORAL MAXIL SURG	1	0.4	5.6	0
ENT-OTH ENT	5	2.2	11.9	3.1
ENT-OTOLOGY	0	0	0	0
ENT-TRACH	1	0.4	25.0	0
GEN MED-DERM	2	0.9	0.9	1.6
GEN MED-ENDO	4	1.7	0.9	4.7
GEN MED-GASTRO	13	5.6	1.1	7.8
GEN MED-INFECT DIS	2	0.9	0.5	1.6
GEN MED-NEPHROLOGY	3	1.3	0.6	0
GEN MED-OTH GEN MED	4	1.7	3.1	3.1
GEN MED-PSYCH	1	0.4	0.2	6
GEN MED-PULM	10	4.3	0.8	4
GEN MED-RHEUM	3	1.3	6.4	0
GEN MED-SUBST	0	0	0	0
GEN SURG-ADHESIONS	1	0.4	3.3	0
GEN SURG-APPEND	1	0.4	0.7	1
GEN SURG-BREAST	0	0	0	1
GEN SURG-CHOLE	1	0.4	0.5	1
GEN SURG-ENDO	0	0	0	0

(Continued)

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Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

Product Line	Total Market		MTN VIEW REG MED		GILA REG MC		MEM MC		PRESBY HSP	
	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share	Cases	% of Total Share
GEN SURG-HEPA/PANCR	13	0.1	2	0.0	0	0.0	5	0.1	1	1.5
GEN SURG-HERNIA	44	0.4	26	0.5	0	0.0	17	0.3	1	1.5
GEN SURG-LOWER GI	130	1.1	46	1.0	0	0.0	71	1.1	2	2.9
GEN SURG-OTH GEN SURG	158	1.3	79	1.6	0	0.0	66	1.0	0	0.0
GEN SURG-OTH GI	19	0.2	11	0.2	0	0.0	7	0.1	0	0.0
GEN SURG-SKIN	32	0.3	11	0.2	0	0.0	19	0.3	0	0.0
GEN SURG-SPLENECTOMY	5	0.0	0	0.0	0	0.0	5	0.1	0	0.0
GEN SURG-TRACH	26	0.2	17	0.4	0	0.0	7	0.1	0	0.0
GEN SURG-TRANS	4	0.0	0	0.0	0	0.0	0	0.0	2	2.9
* GEN SURG-TRAUMA	38	0.3	16	0.3	0	0.0	16	0.2	1	1.5
GEN SURG-UPPER GI	29	0.2	17	0.4	0	0.0	6	0.1	0	0.0
GYN-GEN SURG GYN	154	1.3	42	0.9	0	0.0	98	1.5	1	1.5
GYN-GYN SURG ONC	13	0.1	0	0.0	0	0.0	1	0.0	4	5.9
GYN-MED	24	0.2	9	0.2	0	0.0	15	0.2	0	0.0
INVALID	1	0.0	1	0.0	0	0.0	0	0.0	0	0.0
NEURO-DEGEN DISORD	25	0.2	12	0.2	0	0.0	13	0.2	0	0.0
NEURO-MS	10	0.1	7	0.1	0	0.0	3	0.0	0	0.0
NEURO-NERV SYS INFECT	30	0.3	13	0.3	0	0.0	13	0.2	0	0.0
NEURO-OTH NEURO	161	1.4	88	1.8	0	0.0	69	1.0	1	1.5
NEURO-SEIZURE/EPILEPSY	78	0.7	31	0.6	0	0.0	38	0.6	0	0.0
NEURO-STROKE TIA	261	2.2	143	3.0	0	0.0	113	1.7	0	0.0
NEUROSURG-BRAIN	40	0.3	27	0.6	0	0.0	1	0.0	1	1.5
NEUROSURG-PERIPH CRAN DIS	19	0.2	5	0.1	0	0.0	14	0.2	0	0.0
OB-ABORT/MISCARR	14	0.1	8	0.2	0	0.0	4	0.1	0	0.0
OB-ANTEPART CARE/HIGH RISK PREG	131	1.1	21	0.4	0	0.0	105	1.6	1	1.5
OB-DEL	1,642	13.8	642	13.3	3	42.9	982	14.7	0	0.0
OB-POST-PART	25	0.2	11	0.2	0	0.0	14	0.2	0	0.0
ONC/HEMA-HEMA MED	132	1.1	43	0.9	0	0.0	82	1.2	0	0.0
ONC/HEMA-ONC MED	202	1.7	49	1.0	0	0.0	120	1.8	10	14.7
ONC/HEMA-RAD ONC	1	0.0	0	0.0	0	0.0	1	0.0	0	0.0
OPHTHAL-MED OPHTHAL	14	0.1	2	0.0	0	0.0	11	0.2	0	0.0

(Continued)

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

Product Line	UNIV HSP		All Other Hospitals	
	Cases	% of Total	Cases	% of Total
GEN SURG-HEPA/PANCR	5	2.2	38.5	0
GEN SURG-HERNIA	0	0	0	0
GEN SURG-LOWER GI	9	3.9	6.9	2
GEN SURG-OTH GEN SURG	13	5.6	8.2	0
GEN SURG-OTH GI	1	0.4	5.3	0
GEN SURG-SKIN	2	0.9	6.3	0
GEN SURG-SPLENECTOMY	0	0	0	0
GEN SURG-TRACH	2	0.9	7.7	0
GEN SURG-TRANS	2	0.9	50.0	0
GEN SURG-TRAUMA	5	2.2	13.2	0
GEN SURG-UPPER GI	5	2.2	17.2	1
GYN-GEN SURG GYN	4	1.7	2.6	9
GYN-GYN SURG ONC	4	1.7	30.8	4
GYN-MED	0	0	0	0
INVALID	0	0	0	0
NEURO-DEGEN DISORD	0	0	0	0
NEURO-MS	0	0	0	0
NEURO-NERV SYS INFECT	4	1.7	13.3	0
NEURO-OTH NEURO	2	0.9	1.2	1
NEURO-SEIZURE/EPILEPSY	9	3.9	11.5	0
NEURO-STROKE TIA	5	2.2	1.9	0
NEUROSURG-BRAIN	11	4.7	27.5	0
NEUROSURG-PERIPH CRAN DIS	0	0	0	0
OB-ABORT/MISCARR	2	0.9	14.3	0
OB-ANTEPART CARE/HIGH RISK PREG	4	1.7	3.1	0
OB-DEL	15	6.5	0.9	0
OB-POST-PART	0	0	0	0
ONC/HEMA-HEMA MED	7	3.0	5.3	0
ONC/HEMA-ONC MED	23	9.9	11.4	0
ONC/HEMA-RAD ONC	0	0	0	0
OPHTHAL-MED OPHTHAL	1	0.4	7.1	0

(Continued)

**Inpatient market share state data - All Inpatients**  
**Calendar Year 2012**  
**Solucient New Mexico State Data**

**Service Area: Primary Service Area**

Product Line	Total Market			MTN VIEW REG-MED			GILA REG MC			MEM MC			PRESBY HSP		
	Cases	Total	% of Market	Cases	Total	% of Market	Cases	Total	% of Market	Cases	Total	% of Market	Cases	Total	% of Market
**Product Line	11,904	100.0	100.0	4,839	100.0	40.7	7	100.0	0.1	6,694	100.0	56.2	68	100.0	0.6
ORTHO-FOOT	5	0.0	100.0	2	0.0	40.0	0	0	0	2	0.0	40.0	0	0	0
ORTHO-GEN MED ORTHO	49	0.4	100.0	24	0.5	49.0	0	0	0	23	0.3	46.9	0	0	0
ORTHO-HAND	2	0.0	100.0	1	0.0	50.0	0	0	0	1	0.0	50.0	0	0	0
ORTHO-JOINT REPL	330	2.8	100.0	161	3.3	48.8	2	28.6	0.6	159	2.4	48.2	1	1.5	0.3
* ORTHO-MED TRAUMA	68	0.6	100.0	37	0.8	54.4	0	0	0	31	0.5	45.6	0	0	0
ORTHO-OTH SURG ORTHO	24	0.2	100.0	7	0.1	29.2	0	0	0	13	0.2	54.2	1	1.5	4.2
ORTHO-SPORTS MED	62	0.5	100.0	41	0.8	66.1	0	0	0	19	0.3	30.6	0	0	0
* ORTHO-SURG TRAUMA	179	1.5	100.0	75	1.5	41.9	0	0	0	97	1.4	54.2	2	2.9	1.1
* OTH TRAUMA-BODY INJ	38	0.3	100.0	24	0.5	63.2	0	0	0	14	0.2	36.8	0	0	0
* OTH TRAUMA-BURNS	3	0.0	100.0	0	0	0	0	0	0	1	0.0	33.3	0	0	0
* OTH TRAUMA-HEAD INJ	22	0.2	100.0	19	0.4	86.4	0	0	0	1	0.0	4.5	0	0	0
* REHAB	2	0.0	100.0	0	0	0	0	0	0	0	0	0	0	0	0
SPINE-FUSION	166	1.4	100.0	87	1.8	52.4	0	0	0	70	1.0	42.2	3	4.4	1.8
SPINE-MED SPINE	57	0.5	100.0	28	0.6	49.1	0	0	0	27	0.4	47.4	0	0	0
SPINE-OTH SURG SPINE	51	0.4	100.0	23	0.5	45.1	0	0	0	23	0.3	45.1	1	1.5	2.0
THOR SURG-OTH THOR SURG	65	0.5	100.0	28	0.6	43.1	0	0	0	33	0.5	50.8	1	1.5	1.5
URO-OTH MALE REPRO	25	0.2	100.0	9	0.2	36.0	0	0	0	15	0.2	60.0	0	0	0
URO-PROSTATE	60	0.5	100.0	26	0.5	43.3	0	0	0	34	0.5	56.7	0	0	0
URO-URIN SYS	137	1.2	100.0	46	1.0	33.6	0	0	0	84	1.3	61.3	1	1.5	0.7
VASC SVC-AMPUT	8	0.1	100.0	4	0.1	50.0	0	0	0	4	0.1	50.0	0	0	0
VASC SVC-ART DIS	144	1.2	100.0	77	1.6	53.5	0	0	0	63	0.9	43.8	1	1.5	0.7
VASC SVC-OTH VASC	88	0.7	100.0	30	0.6	34.1	0	0	0	58	0.9	65.9	0	0	0
VASC SVC-VENOUS DIS	1	0.0	100.0	1	0.0	100.0	0	0	0	0	0	0	0	0	0
**ZIP Code															
88001 LAS CRUCES	3,847	32.3	100.0	1,272	26.3	33.1	3	42.9	0.1	2,474	37.0	64.3	10	14.7	0.3
88005 LAS CRUCES	2,600	21.8	100.0	969	20.0	37.3	2	28.6	0.1	1,551	23.2	59.7	16	23.5	0.6
88007 LAS CRUCES	1,505	12.6	100.0	632	13.1	42.0	1	14.3	0.1	802	12.0	53.3	18	26.5	1.2
88011 LAS CRUCES	2,183	18.3	100.0	1,112	23.0	50.9	0	0	0	1,007	15.0	46.1	12	17.6	0.5
88012 LAS CRUCES	1,769	14.9	100.0	854	17.6	48.3	1	14.3	0.1	860	12.8	48.6	12	17.6	0.7

Inpatient Market Share State Data - All Inpatients  
 Calendar Year 2012  
 Solucient New Mexico State Data

Service Area: Primary Service Area

Product Line	UMV HSP		All Other Hospitals	
	Cases	% of Market Share	Cases	% of Market Share
	232	100.0	1.9	0.5
ORTHO-FOOT	1	0.4	20.0	0
ORTHO-GEN MED ORTHO	1	0.4	2.0	1
ORTHO-HAND	0	0	0	0
ORTHO-JOINT REPL	3	1.3	0.9	4
* ORTHO-MED TRAUMA	0	0	0	0
ORTHO-OTH SURG ORTHO	3	1.3	12.5	0
ORTHO-SPORTS MED	2	0.9	3.2	0
ORTHO-SURG TRAUMA	4	1.7	2.2	1
* OTH TRAUMA-BODY INJ	0	0	0	0
* OTH TRAUMA-BURNS	2	0.9	66.7	0
* OTH TRAUMA-HEAD INJ	1	0.4	4.5	1
* REHAB	0	0	0	2
SPINE-FUSION	4	1.7	2.4	2
SPINE-MED SPINE	2	0.9	3.5	0
SPINE-OTH SURG SPINE	4	1.7	7.8	0
THOR SURG-OTH THOR SURG	2	0.9	3.1	1
URO-OTH MALE REPRO	1	0.4	4.0	0
URO-PROSTATE	0	0	0	0
URO-URIN SYS	5	2.2	3.6	1
VASC SVC-AMPUT	0	0	0	0
VASC SVC-ART DIS	3	1.3	2.1	0
VASC SVC-OTH VASC	0	0	0	0
VASC SVC-VEINUS DIS	0	0	0	0
* ZIP Code				
88001 LAS CRUCES	73	31.5	1.9	15
88005 LAS CRUCES	47	20.3	1.8	15
88007 LAS CRUCES	38	16.4	2.5	14
88011 LAS CRUCES	40	17.2	1.8	12
88012 LAS CRUCES	34	14.7	1.9	8