Indigent Care Annual Reporting Template

ovider Name ovider Medicaid Number ovider Medicare Number	Alta Vista 76546 32-0003	Regional Medical Center			
scal Year Begin	7/1/2022	Fiscal Year End	6/30/2023		
om SB71 Section 8					
		care providers shall annually sh basis (monies received d			ing funds are used:
1 Indigent care fur	nds and safety ne	et care pool funds pursuant t	to the Indigent Hos	oital and County Healtl	n Care Act
In the box below	please report a	ny funds received from coun	ty health plan for in	digent patients (Do no	ot include Mill Levy Revenue)
(Please describe	the use of the fu	unds reported above)			
		ny safety net care funds rece DRG Payments (Do not inclu			al Access Payments, Targeted
	\$634,304.00	Hospital Access Payments			
	\$24,409.00	Targeted Access Payments			
		SNCP DRG Enhanced Rate I	Payments		
(Please describe cover cost of pro		unds reported above)			

2
Funds raised to pay the cost of operating and maintain county hospitals, pay contracting hospitals in accordance with health care
facilities contracts or pay a county's transfer to the county-supported Medicaid fund pursuant to the Hospital Funding Act
to the hard below along a smart on MATH Languistic along the order of the Alberta
In the box below please report any Mill Levy funds received by the facility
(Please describe the use of the funds reported above)
In the box below please report any County/Municipal Bond Proceeds received by the facility
(Please describe the use of the funds reported above)

1

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

Input number of Indigent Claims	396
Input number of Medicaid Claims	9,005
Input number of Medicaid patients served (patient with multiple visits would be o	4,662 counted once)
Total Patients Reported Above (formula)	9,401

Populate the table below utilizing your cost report that ends in state fiscal year 2023, and claims data for the **Indigent** patients included in the figure in section 1 of this tab.

	Cost to charge ratio	Charges	Calculated Costs		
Cost of care related to portion of bill for insured patients qualifying for indigent care		\$2,789,227.00	\$523,811.28		
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care			\$0.00		
Total Costs From Table Below \$6,991,969.92					
Total Costs for Indigent Care (sum of F22, F23 and F25) \$7,515,781.21					

Routine Cost Centers

30 Adults and Pediatrics \$ 2,009.03 31 ICU \$ 4,118.36 32 Coronary Care Unit \$ - 33 Burn Intensive Care Unit \$ - 34 Surgical Intensive Care Unit \$ - 40 Subprovider I \$ - 41 Subprovider II \$ - 42 Other Subprovider \$ - 43 Nursery \$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Cost Center Line Number	Cost Center Description	Wo	er Diem from rksheet D-1 of e cost report	Cost to Charge Ratio from Worksheet C Part	Days Associated with Patients Abov (Mapped to Appropriate Routine Cost Center)
31 CU		·			·	28
32 Coronary Care Unit \$ -						3
34 Surgical Intensive Care Unit \$ -			_			_
35 Other Special Care Unit	33	Burn Intensive Care Unit	\$	-		
40 Subprovider I \$ -	34	Surgical Intensive Care Unit	\$	-		
41 Subprovider II \$ - 42 Other Subprovider \$ - 43 Nursery \$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	35	Other Special Care Unit	\$	-		
42 Other Subprovider \$ - 43 Nursery \$ - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	40	Subprovider I	\$	-		
43 Nursery \$ -	41	Subprovider II	\$	-		
\$ - \$ - \$ - \$ - \$ -	42	Other Subprovider	\$	-		
\$ - \$ - \$ -	43	Nursery	\$	-		
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Days Associated with Patients Above (Mapped to Appropriate Routine Cost	(Mapped to Appropriate Routine Cost	with Patients Above (Mapped to Appropriate Routine		
Center)	Center)	Cost Center)	\$	alculated Costs 568,555.49
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\$ -\$ -\$ - Ancillary Cost Centers

	OPERATING ROOM	0.207207	\$	564,784.49	2,824,029.67	\$ 702,186.02
	RECOVERY ROOM	0.091562	\$	37,809.19	\$ 269,922.25	\$ 28,176.51
	DELIVERY ROOM & LABOR ROOM	2.999230				\$ -
53	ANESTHESIOLOGY	0.014894	\$	61,708.34	\$ 268,108.93	\$ 4,912.30
54	RADIOLOGY-DAIGNOSTIC	0.460515	\$	66,564.37	\$ 2,017,946.87	\$ 959,948.69
54.01	ULTRASOUND	0.221327	\$	19,392.26	\$ 472,132.41	\$ 108,787.68
56	RADIOISOTOPE	0.169410			\$ 101,230.29	\$ 17,149.42
57	CT SCAN	0.021765	\$	537,201.39	\$ 9,289,304.58	\$ 213,873.90
	MAGNETIC RESONANCE INAGING (MRI)	0.128582	\$	28,157.99	\$ 1,296,563.17	\$ 170,335.30
	LABORATORY	0.127521	\$	889,326.63	\$ 6,325,771.40	\$ 920,076.52
	RESPIATORYY THERAPY	0.896459	\$	202,829.65	\$ 105,078.49	\$ 276,027.02
	PHYSICAL THERAPY	0.307089	\$	12,760.85	\$ 703,180.43	\$ 219,857.69
	SPEECH THERAPY	0.340606	_	12,700.03	\$ 35,200.36	\$ 11,989.45
	ELECTROCARDIOLOGY	0.140186	\$	62,050.84	\$ 651,651.85	\$ 100,051.13
	MEDICAL SUPPLLIES CHARGED TO PATIENTS	0.206554	\$	133,994.85	\$ 84,909.03	\$ 45,215.47
	IMPL. DEV. CHARGED TO PATIENTS	0.526850	\$	35,952.29	146,115.05	\$ 95,922.18
			\$			
	DRUGS CHARGED TO PATIENTS	0.253910		505,042.09	\$ 1,046,457.38	\$ 393,941.23
	EMERGENCY	0.094580	\$	731,523.59	\$ 19,766,362.57	\$ 1,938,690.07
92	ONSERVATION BEDS	0.573690	\$	39,640.82	\$ 57,376.41	\$ 55,657.81
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322 \$ 3,928,739.64 \$ 45,461,341.14 \$ 6,991,969.92

From SB71 Section 8.B.(2)

As applicable, the health care facility's estimated annual amount and percentage of the health care facility's bad debt expense attributable to patients eligible under the health care facility's financial assistance policy and an explanation of the methodology used by the health care facility to estimate this amount and percentage.

In the box below, please report the amount of bad debt expense attributable to patients that are eligible for the facilities financial assistance program

1 \$ 1,910,516.65

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

2 60%

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

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

Our total bad debt written off in 2023 was \$3.2m. In addition, we wrote off \$219k to charity.

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