Indigent Care Annual Reporting Template

Provider Name Provider Medicaid Number Provider Medicare Number	San Juan 299 32-0005						
Fiscal Year Begin	7/1/2022	Fiscal Year End	6/30/2023				

From SB71 Section 8

Health care facilities and third-party health care providers shall annually report to the department how the following funds are used: Report the data below on the cash basis (monies received during the state fiscal year 2023)

1 Indigent care funds and safety net care pool funds pursuant to the Indigent Hospital and County Health Care Act

In the box below please report any funds received from county health plan for indigent patients (Do not include Mill Levy Revenue)

## \$485,000.04

The above payments are used to pay for the cost of providing services.

In the box below please report any safety net care funds received by the facility. Please include Hospital Access Payments, Targeted Access Payments, and Enhanced DRG Payments (Do not include Mill Levy Revenue)

\$1,107,597.59 Hospital Access Payments

\$7,058,901.50 Targeted Access Payments

\$23,468,196.62 SNCP DRG Enhanced Rate Payments

The above payments are used to pay for the cost of providing services.

2

Funds raised to pay the cost of operating and maintain county hospitals, pay contracting hospitals in accordance with health care facilities contracts or pay a county's transfer to the county-supported Medicaid fund pursuant to the Hospital Funding Act

In the box below please report any Mill Levy funds received by the facility

\$0.00

(Please describe the use of the funds reported above)

In the box below please report any County/Municipal Bond Proceeds received by the facility

\$0.00

(Please describe the use of the funds reported above)

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

1

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

Input number of Indigent Claims	541
Input number of Medicaid Claims	167,522
Input number of Medicaid patients served (patient with multiple visits would be coun	39,875 ted once)
Total Patients Reported Above (formula)	168,063

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		
	portion of insured part		0.260308	\$472,905.00	\$123,100.95		
		care on behalf of alifying for			\$0.00		
	Total Costs	From Table	Below		\$126,085,370.46	]	
	Total Costs	for Indigen	t Care (sum of F	22, F23 and F25)	\$126,208,471.41	]	
	Cast					Cost to Charge	Days Associated with Patients Above
	Cost Center				Per Diem from	Ratio from	(Mapped to Appropriate
	Line					Worksheet C Part	Routine Cost
	Number	C	Cost Center Dese	ription	the cost report		Center)
ters	_	Adults and			\$ 1,515.00		20182
	31	ICU			\$ 1,459.20		2563
	32	Coronary C	are Unit		\$-		
	33	Burn Intens	sive Care Unit		\$-		
	34	Surgical Int	ensive Care Uni	t	\$ -		
			ial Care Unit		\$ -		
	40	Subprovide	or l		ć		

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1,711.46

166.81

41 Subprovider II 42 Other Subprovider

43 Nursery

Inpatient Ancillary

Charges Associated

with Patients Above

(Mapped to

Appropriate

Routine Cost Center)

2563

1834

1504

Outpatient Ancillary

Charges Associated

with Patients Above

(Mapped to

Appropriate Routine Cost Center)

Calculated Costs \$ 30,575,730.00

3.739.929.60

3,138,817.64

250,882.24

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Routine	Cost	Centers

Ancillary Cost Centers			0.226017			13,828,133.76		\$	8,023,173.32
		RECOVERY ROOM DELIVERY ROOM	0.305558 0.498300		\$ \$	1,964,306.00 3,199,285.00	\$ 3,073,371.00 \$ 33,239.00	\$ \$	1,539,302.51 1,610,766.71
		ANESTHESIOLOGY	0.100587		\$	4,102,114.00	\$ 6,537,645.81	\$	1,070,221.52
		RADIOLOGY-DIAGNOSTIC	0.255633		\$	5,005,583.70	\$ 10,244,317.92	\$	3,898,378.10
		NUCLEAR MEDICINE - DIAGNOSTIC	0.360585		\$	265,707.01	\$ 2,187,979.68	\$	884,762.61
		ULTRA SOUND CT SCAN	0.124007 0.035748		\$ \$	1,877,870.38 14,523,791.11	\$ 5,407,367.33 \$ 32,326,806.64	\$ \$	903,420.47 1,674,815.17
		MRI	0.050187		\$	2,226,514.00		\$	457,317.90
	59	CARDIAC CATHETERIZATION	0.281677		\$	6,648,786.45	\$ 6,546,609.90	\$	3,716,839.66
		LABORATORY - CLINICAL	0.194400			28,961,471.13	\$ 25,946,104.16	\$	10,674,032.64
		LABORATORY - PATHOLOGICAL RESPIRATORY THERAPY	0.252428 0.298973		\$ \$	333,958.00 8,778,947.64	\$ 1,300,671.00 \$ 897,568.59	\$ \$	412,626.13 2,893,017.09
		ENDOSCOPY	0.227152		\$	2,375,517.34	\$ 5,351,379.02	\$	1,755,179.96
		CARDIOPULMONARY	0.085724		\$	3,227,774.00	\$ 4,952,721.00	\$	701,264.75
		PHYSICAL THERAPY	0.348694		\$	3,708,810.00	\$ 359,575.57	\$	1,418,621.64
		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0.232074 0.291370		\$ \$	1,873,812.00 935,815.00		\$ \$	454,461.23 307,977.44
		AUDIOLOGY	0.291370		\$	-	\$ 247,528.00	\$	217,625.88
		LECTROENCEPHALOGRAPHY	0.253082		\$	123,647.00	\$ 154,807.00	\$	70,471.70
		MEDICAL SUPPLIES CHARGED TO PATIENT	0.176632		\$	9,591,835.10	\$ 3,544,742.87	\$	2,320,340.04
		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0.328506 0.208516		\$ \$	4,925,730.00 23,894,602.72	\$ 5,780,761.00 \$ 23,878,354.45	\$ \$	3,517,146.53 9,961,425.94
		RENAL DIALYSIS	0.318454		\$	3,561,755.04	\$ 162,203.42	\$	1,185,909.47
		CANCER TREATMENT CENTER	0.280413		\$	58,723.00		\$	75,898.27
		CARDIAC REHABILITATION	1.501495	-	\$	-	\$ 783.00	\$	1,175.67
		OUTPATIENT NURSING CLINIC EMERGENCY	1.971901 0.317340		\$ \$	1,017.00 9,206,847.01	\$ 112,351.66 \$ 50,266,064.08	\$ \$	223,551.76
		OBSERVATION BEDS (NON-DISTINCT PART	0.326927		ş Ş	1,511,632.18	\$ 50,266,064.08 \$ 7,320,500.00	\$ \$	18,873,133.61 2,887,462.48
		AMBULANCE SERVICES	0.442769		\$	-	\$ 15,018,420.00	\$	6,649,690.80
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From SB71 As applicable, the health care facility's estimated annual amount and percentage of the health care facility's bad
 Section 8.B.(2) 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 \$ 1,172,492.01

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

2 23%

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

Utilizing total bad debt expense from our FY2023 Cost Report, we derived an estimate of bad debt expense attributable to patients eligible for our financial assistance program by applying the county povery rate of 23.1% as determined through our CHNA. Our charity policy has a sliding scale, meaning that patients may qualify for a portion of their bill as charity, leaving the remaining as patient responsibility. This patient responsibility may result in bad debt, however we feel this amount is very low as it is our experience that those who apply and qualify for assistance will pay their portion. We also assume that some self pay patients who don't apply for financial assistance may qualify and so are using the poverty rate to calculate this total which is consistent with other required reporting.