Indigent Care Annual Reporting Template

Provider Name
Provider Medicaid Number
Provider Medicare Number

Provider Medicare Number

Nor-Lea Hospital District
901
321305

1/1/2022 Fiscal Year End 12/31/2022

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 calendar year 2022)

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)

Nor-Lea Hosptial District does not receive any indigent funds from Lea County.

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)

6,305,859.03 Hospital Access Payments

69,912.35 Targeted Access Payments

- SNCP DRG Enhanced Rate Payments

Nor-Lea Hospital is a critical access hospital and does not get reimbursed based on DRG on inpatient claims and therefore does not receive SNCP DRG Enhanced Rate Payments (49.5 % of base rate)

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

4.732.024.62

Nor-Lea Hospital District receives mill levy funds from their taxing districts. These funds are for operating and maintaining the hospital for its taxpayers (Lovington and Tatum Hospital Districts)

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

Nor-Lea Hospital District does not receive any County/Municipal Bond Proceeds

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

The number of indigent patients whose health ca	
of this section and the total amount of funds exp	pended for these health care costs
Input number of Indigent Claims	1,307.00
Input number of Medicaid Claims	83,131.00
Input number of Medicaid patients served (patient with multiple visits would be	15,519.00 counted once)
Total Bationts Reported Above (formula)	84.438.00

Populate the table below utilizing your cost report that ends in calendar year 2022, and claims data for the **Indigent** patients included in the figure in section 1 of this tab.

	Cost to	Charges	Calculated Costs
	charge ratio		
Cost of care related to portion of bill for insured patients qualifying for indigent care	0.390241	\$ 473,123.97	\$ 184,632.15
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care	0.000000	\$ -	\$ -

1,423,563 Total Costs From Table Below

Total Costs for Indigent Care (sum of F22, F23 and F25) 1,608,195 Use the write off amount on insured charity accounts

	Cost Center Line Number	Cost Center Description	Per Diem from Worksheet D-1 of the cost report	Cost to Charge Ratio from Worksheet C Part	Days Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Inpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Outpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Calculated Costs
Routine Cost Centers	30	Adults and Pediatrics	2,533.33		44	00.110.7		111,466.52
	31	ICU	-					-
	32	Coronary Care Unit	-					-
	33	Burn Intensive Care Unit	-					-
	34	Surgical Intensive Care Unit	-					-
	35	Other Special Care Unit	-					-
	40	Subprovider I	-					-
	41	Subprovider II	-					-
	42	Other Subprovider	-					-
	43	Nursery	-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
Ancillary Cost Centers	50	Operating Room		0.370128			217.602	80.540.64

Ancillary Cost Centers

50 53 54	Operating Room Anesthesiology	0.370128				
53						
	Anesthesiology			-	217,602	80,540.64
54		0.870030		1,291	44,137	39,523.68
5.4	Radiology-Diagnostic	0.130331		85,261	575,489	86,116.21
55	Radiology-Therapeutic	0.698992			122,396	85,553.82
60	Laboratory	0.218247		45,678	232,846	60,787.09
65	Respiratory Therapy	0.270090		60,275	123,112	49,530.99
66	Physical Therapy	0.337489		11,833	5,831	5,961.41
67	Occupational Therapy	0.251169		4,062	11,198	3,832.84
68	Speech Pathology	0.381101		1,527	770	875.39
71	Medical Supplies Charged to Patient	0.425959		7,485	5,468	5,517.49
72	Implant device charged to patient	0.396819		136	17,596	7,036.58
73	Drugs charged to patients	0.289424		21,255	1,082,167	319,356.70
76	Diabetic education and training	0.378690		522	71,443	27,252.43
76.01	Chemotherapy	0.272362			148,240	40,374.94
76.02	Nuclear Med	0.198565			101,103	20,075.52
90.01	Geopsych	0.820203				-
90.02	Sleep Study	0.449356				-
90.03	Wound Care	1.591884			52,684	83,866.82
90.04	Physician Clinic	0.930000		11,702	174,792	173,439.42
91	Emergency	0.360443		30,224	348,550	136,526.44
92	Observation Beds	2.750929		10,200	21,036	85,928.02
	•	<u> </u>	44	291,451	3,356,460	1,423,563

From SB71	As applicable, the health care facility's estimated annual amount
Section 8.B.(2)	debt expense attributable to patients eligible under the health ca

and percentage of the health care facility's bad are 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



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

0%

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

Nor-Lea Hospital District can not identify those in Bad Debt that would have qualified for Financial Assistance because the patient would have not provided the necessary information to qualify

1 Indigent patient means a patient with a a household income th	nat does not excced two hundred percent of the federal poverty leve