Indigent Care Annual Reporting Template

Provider Name Provider Medicaid Number Provider Medicare Number	299	Regional Medical Cente	r		
Fiscal Year Begin	7/1/2022	Fiscal Year End	6/30/2023		
From SB71 Section 8					
		care providers shall ann		artment how the following funds are uscal year 2023)	ised:
1 Indigent care fur	nds and safety n	et care pool funds pursi	uant to the Indigent Ho	spital and County Health Care Act	
In the box below	please report a	nny funds received from	county health plan for	indigent patients (Do not include Mill	Levy Revenue)
	\$485,000.0	4			
The above paym	ents are used to	pay for the cost of pro	viding services.		
		any safety net care fund: I DRG Payments (Do not		y. Please include Hospital Access Paym nue)	ents, Targeted
	\$1,107,597.5	9 Hospital Access Paym	ents		
	\$7,058,901.5	O Targeted Access Paym	nents		
	\$23,468,196.6	2 SNCP DRG Enhanced F	Rate Payments		
The above paym	ents are used to	pay for the cost of pro	viding services.		

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)

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	39,875
(patient with multiple visits would be count	
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
Cost of care related to portion of bill for insured patients qualifying for indigent care	0.260308	\$472,905.00	\$123,100.95
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care			\$0.00

Total Costs for Indigent Care (sum of F22, F23 and F25) \$126,208,471.41

Total Costs From Table Below

\$126,085,370.46 \$126,208,471.41

							Inpatient Ancillary				
						Days Associated	Charges Associated	Outpatient Ancillary	.		
						with Patients Above	with Patients Above	Charges Associated	.		
	Cost				Cost to Charge	(Mapped to	(Mapped to	with Patients Above	.		
	Center		Per	Diem from	Ratio from	Appropriate	Appropriate	(Mapped to	.		
	Line		Work	sheet D-1 of	Worksheet C Part	Routine Cost	Routine Cost	Appropriate Routine	.		
	Number	Cost Center Description	the	cost report	1	Center)	Center)	Cost Center)	. L	Calculated Cos	ts
Routine Cost Centers	30	Adults and Pediatrics	\$	1,515.00		20182			\$	30,575,730	0.00
	31	ICU	\$	1,459.20		2563			\$	3,739,929	.60
	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	\$	1,711.46		1834			\$	3,138,817	.64
	42	Other Subprovider	\$	-					\$		-
	43	Nursery	\$	166.81		1504			\$	250,882	.24
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Ancillary Cost Centers

51 RECOVERY ROOM         0.305558         \$ 1,964,306.00         \$ 3,073,371.00         \$ 1,539,302.51           52 DELIVERY ROOM         0.498300         \$ 3,199,285.00         \$ 33,239.00         \$ 1,610,766.71           53 ANESTHESIOLOGY         0.100587         \$ 4,102,114.00         \$ 6,537,645.81         \$ 1,070,221.52						
3.00   Commence   1.00   1.0			0.226017	\$ 13,828,1	33.76 \$ 21,669,962.92	\$ 8,023,173.32
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Separation	52	DELIVERY ROOM	0.498300	\$ 3,199,2	35.00 \$ 33,239.00	\$ 1,610,766.71
SECTION   STATE   ST	53	ANESTHESIOLOGY	0.100587	\$ 4,102,1	4.00 \$ 6,537,645.81	\$ 1,070,221.52
SAMP	54	RADIOLOGY-DIAGNOSTIC	0.255633	\$ 5,005,5	33.70 \$ 10,244,317.92	\$ 3,898,378.10
SAMP	54.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.360585	\$ 265,7	07.01 \$ 2,187,979.68	\$ 884,762.61
37   T. SAME						
30   MON	57	CT SCAN				
99   CARDACC CONTRITERIZATION   2.21477	58	MRI	0.050187			
60.00   JARGARDONY - CURECAL   0.394400   5.26,04,071.13   2.25,046,00.00   5.20,	59	CARDIAC CATHETERIZATION				
60.002   4.0000000   5.000000   5.000000   5.00000000   5.0000000   5.0000000   5.0000000   5.0000000   5.0000000   5.00000000   5.0000000   5.0000000   5.0000000   5.0000000   5.00000000   5.00000000   5.00000000   5.00000000   5.00000000   5.0000000000						
S. BERMANDEN PROMPAY   0.29713   S. 278,947.08   S. 897,940.08   S. 200,000.00   S. 201,000.00   S. 201,000.				1 -7 7		
66.00   INFORMEDITY   0.277507   \$ 2,375,714   \$ 5,351,7740   \$ 1,751,7740   \$ 6,000000   \$ 1,0000000   \$ 1,000000   \$ 1,000000   \$ 1,000000   \$ 1,000000   \$ 1,00000000   \$ 1,00000000   \$ 1,00000000   \$ 1,00000000   \$ 1,00000000   \$ 1,00000000   \$ 1,00000000   \$ 1,000000000   \$ 1,00000000000000000000000000000000000						
6.63 (ARGOPLINGWAPEN ) 0.94690						
80 PMPSICAL TREMPY						
GO CCURATIONAL TIRERAPY  GO STATE PATHOLOGY  GO STATE						
68   SECULA PATIOLOGY						
SECTION   STATE   ST						
73   ILECTROPICE CHARGED TO PATRINT   0.176622   5.95,918.73   5.154,920   5.203,000.00   7.9   7.9   MIDDEL CHARGED TO PATRINTS   0.325509   5.95,918.73   5.347,920.50   5.357,900.50						
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22 MINL DEV_CHARGED TO PATENTS   0.235505   3.2354000   5.35078.00   7.35174000   7.35174000   7.35174000   7.35174000   7.35174000   7.35174000   7.351740000   7.351740000						
73 DRUGS CHARGE OT DATEMENS	71	MEDICAL SUPPLIES CHARGED TO PATIENT	0.176632	\$ 9,591,8	35.10 \$ 3,544,742.87	
Principle   Prin	72	IMPL. DEV. CHARGED TO PATIENTS	0.328506	\$ 4,925,7	30.00 \$ 5,780,761.00	\$ 3,517,146.53
TOCANCER TRAINMENT CENTER	73	DRUGS CHARGED TO PATIENTS	0.208516	\$ 23,894,6	23,878,354.45	\$ 9,961,425.94
TOCANCER TRAINMENT CENTER	74	RENAL DIALYSIS	0.318454	\$ 3,561,7	55.04 \$ 162,203.42	\$ 1,185,909.47
TASSP   CARDING BRIGHARD   1,97607   5   1,175.07						
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92 DISSENVATION BEED (NON-DISTINCT PART   0.329927   \$ 1,511,932.88 \$ 7,320,0000 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048 \$ 5 5,518,470.00 \$ 5 6,446,048						
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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 \$ 1,172,492.01

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  $\bf 1$  and  $\bf 2$ 

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.