

Indigent Care Annual Reporting Template

Provider Name San Juan Regional Medical Center  
Provider Medicaid Number 299  
Provider Medicare Number 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  
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 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 poverty 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.