Indigent Care Annual Reporting Template

Provider Name Nor-Lea Hospital District

Provider Medicaid Number 901
Provider Medicare Number 321305

Fiscal Year Begin 1/1/2021 Fiscal Year End 12/31/2021

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:

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)

5,878,494.59 Hospital Access Payments

16,178.35 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)

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

3,616,003.84

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

Input number of Indigent patients	1,276.00	# of indigent Charity
Input number of Medicaid Claims	56,853.00	# of Medicaid Claims
Input number of Medicaid patients served (patient with multiple visits would be co	10,755.00 unted once)	Unduplicated Census for MD Claims
Total Patients Reported Above (formula)	58,129.00	

Populate the table below utilizing your cost report that ends in calendar year 2021, and claims data for the **INDIGENT** patients included in the figure in section 1 of this tab.

Total Costs From Table Below 1,196,662

	Cost Center Line		Per Diem from Worksheet D-1 of	Cost to Charge Ratio from Worksheet C Part	wit	Pays Associated h Patients Above (Mapped to Appropriate Routine Cost	Inpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost	Outpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine		
	Number	Cost Center Description	the cost report	1		Center)	Center)	Cost Center)	С	alculated Costs
Routine Cost Centers	30	Adults and Pediatrics	2,419.32			40				96,772.80
	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	0.243732			361,983	88,226.84
53	ANESTHESIOLOGY	0.090702			32,948	2,988.45
54	RADIOLOGY-DIAGNOSTIC	0.118179		50,520	780,460	98,204.39
55	RADIOLOGY-THERAPEUTIC	0.448762			253,817	113,903.42
60	LABORATORY	0.209102		33,184	238,692	56,849.82
65	RESPIRATORY THERAPY	0.265628		18,919	52,457	18,959.46
66	PHYSICAL THERAPY	0.368695		10,755	72,531	30,707.13
67	OCCUPATIONAL THERAPY	0.288114		14,764	7,382	6,380.57
68	SPEECH THERAPY	0.378884		4,461	1,616	2,302.48
71	MEDICAL SUPPLIES CHARGED TO PATIEN	0.576767		3,195	22,245	14,672.96
72	IMPL. DEV CHARGED TO PATIENTS	0.385616			12,853	4,956.23
73	DRUGS CHARGED TO PATIENTS	0.249618		6,506	1,078,265	270,778.47
76	DIABETIC EDUCATION AND TRAINING	0.461822		87	30,230	14,001.06
76.01	CHEMOTHERAPY	0.290995		238	202,186	58,904.37
90.01	GEOPSYCH	0.892376			1,458	1,301.08
90.02	SLEEP STUDY	0.279128			22,793	6,362.16
90.03	WOUND CARE	0.714832			47,459	33,925.21
90.04	PHYSICIANS CLINIC	0.642857		445	171,806	110,732.76
91	EMERGENCY ROOM	0.324061		19,513	247,397	86,495.12
92	OBSERVATION BEDS	2.663356		6,305	23,446	79,237.50
		<u>.</u>	40	168,892	3,662,024	1,196,662

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