Indigent Care Annual Reporting Template

vider Name	Mimbres	Memorial Hospital	
vider Medicaid Number		·	
der Medicare Number	32-1309		
	-1.1		- / /
Year Begin	7/1/2022	Fiscal Year End	6/30/2023
SB71 Section 8			
			innually report to the c
Report the data	below on the	ash basis (monies rec	eived during the state
1 indigent care fur	nds and safety i	net care pool funds pui	rsuant to the Indigent
In the hov helow	, nlease report	any funds received fro	m county health plan f
Revenue)	piease report	arry rurius received iro	in county nearth plan i
	\$17,969.00)	
		funds reported above)	
cover cost of pro	oviding services		
In the box below	please report	any safety net care fur	nds received by the fac
Targeted Access	Payments, and	Enhanced DRG Payme	ents (Do not include M
	4.00.000.00		
	\$433,300.00	Hospital Access Payr	ments
	\$44.701.00	Targeted Access Payı	monts
	γ 44 ,/01.00	raigeteu Access Payi	ments
		SNCP DRG Enhanced	Rate Payments
			,
(Please describe	the use of the	funds reported above)	
cover cost of pro	oviding 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
(Please describe the use of the funds reported above)
In the box below please report any County/Municipal Bond Proceeds received by the facility
(Disconding the theory of the fourte grounded show)
(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	1,036
Input number of Medicaid Claims	19,970
Input number of Medicaid patients served (patient with multiple visits would be	8,316 counted once)
Total Patients Reported Above (formula)	21,006

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	0.182711	\$8,249,745.00	\$1,507,315.65
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care			\$0.00

Total Costs From Table Below

\$13,275,228.47

Total Costs for Indigent Care (sum of F22, F23 and F25)

\$14,782,544.12

					Inpatient Ancillary			
				Days Associated	Charges Associated	Outpatient Ancillary	ı	
				with Patients Above	with Patients Above	Charges Associated	ı	
Cost			Cost to Charge	(Mapped to	(Mapped to	with Patients Above	ı	
Center		Per Diem from	Ratio from	Appropriate	Appropriate	(Mapped to		
Line		Worksheet D-1 of	Worksheet C Part	Routine Cost	Routine Cost	Appropriate Routine	ı	
Number	Cost Center Description	the cost report	1	Center)	Center)	Cost Center)	(Calculated Costs
30	Adults and Pediatrics	\$ 1,841.90		816			\$	1,502,990.40
31	ICU	\$ 7,029.37		43			\$	302,262.91
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	\$ 1,430.14		246			\$	351,814.44
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Routine Cost Centers

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	OPERATING ROOM	0.287046	\$	1,124,221.00	\$	5,341,162.00	\$	1,855,862.33
52		0.767368	\$	831,405.00	\$	-	\$	637,993.59
53	ANESTHESIOLOGY	0.059263	\$	155,327.00	\$	664,656.00	\$	48,594.65
54	RADIOLOGY-DIAGNOSTIC	0.051110	\$	1,579,763.00	\$	29,823,138.00	\$	1,605,002.27
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60	LABORATORY	0.105541	\$	1,582,808.00	\$	15,175,806.00	\$	1,768,720.88
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	RESPIRATORY THERAPY	1.209566	\$	115,211.00	\$	164,750.00	\$	338,631.31
66	PHYSICAL THERAPY	0.395330	\$	15,044.00	\$	1,282,063.00	\$	512,785.31
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	ELECTROCARDIOLOGY	0.089334	\$	166,130.00	\$	2,018,520.00	\$	195,163.52
71		0.152726	\$	334,308.00	\$	527,412.00	\$	131,607.05
72		0.231241	\$	43,887.00	\$	720,703.00	\$	176,804.56
73		0.162157	\$	1,026,416.00	\$	3,179,223.00	\$	681,973.80
76		7.142345					\$	-
88	RHC	0.775994					\$	-
90	CLINIC	0.309422	_		_	45 400	\$	-
91		0.174230	\$	653,564.00	\$	15,432,201.00	\$	2,802,622.84
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.959102	\$	47,387.00	\$	330,465.00	\$	362,398.61
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		1,105	\$ 7,675,471.00	\$ 74,660,099.00	\$ 13,275,228.47

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 \$ 4,100,628.00

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

2 64%

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

We pulled all transaction codes that were write offs to bad debt. We then looked at the insurance provider for those patients. We included Charity, Private Pay, and Self Pay to determine the patients that were eligible for the facilities financial assistance program.

Our total bad debt written off in 2023 was \$6.4m. In addition, we wrote off \$586k to charity.

1 Indigent patient means a patient with a household income that does not exceed two hundred percent of the federal poverty level