Indigent Care Annual Reporting Template

Provider Name Mimbres Memorial Hospital

Provider Medicaid Number B-2113
Provider Medicare Number 32-1309

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)

\$17,969.00

(Please describe the use of the funds reported above) cover 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)

\$433,300.00 Hospital Access Payments

\$44,701.00 Targeted Access Payments

SNCP DRG Enhanced Rate Payments

(Please describe the use of the funds reported above) cover cost of providing services

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	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

(Please describe the use of the funds reported above)

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 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 $\label{localization} \textbf{Indigent} \ \mbox{patients included in the figure in section 1 of this tab.}$

	Cost to charge	Charges	Calculated Costs
	ratio		
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

							Days Associated with Patients Above	Inpatient Ancillary Charges Associated with Patients Above	Outpatient Ancillary 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	ıl	Center)	Center)	Cost Center)	L	Calculated C	Costs
outine Cost Centers	30	Adults and Pediatrics	\$	1,841.90			816			,	\$ 1,502,9	90.40
	31	ICU	\$	7,029.37		ı	43			,	302,2	262.91
	32	Coronary Care Unit	\$	-						,	;	-
	33	Burn Intensive Care Unit	\$	-						,	;	-
	34	Surgical Intensive Care Unit	\$	-						,	;	-
	35	Other Special Care Unit	\$	-		ı				,	;	-
	40	Subprovider I	\$	-						,	;	-
	41	Subprovider II	\$	-						,	.	-
	42	Other Subprovider	\$	-						,	>	-
	43	Nursery	\$	1,430.14		ı	246			,	351,8	314.44
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Ancillary Cost Centers

50	OPERATING ROOM	0.287046	\$ 1,124,221.00	\$ 5,341,162.00	\$ 1,855,862.33
	DELIVERY ROOM & LABOR ROOM	0.767368	\$ 831,405.00	\$ -	\$ 637,993.59
	ANESTHESIOLOGY	0.059263	\$ 155,327.00	\$ 664,656.00	\$ 48,594.65
	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
- 00	LABORATORI	0.103341	ÿ 1,502,000.00	ÿ 15,175,000.00	\$ 1,700,720.00
	DECDIDATORY THERADY	1 2005.66	ć 11F 211 00	¢ 164.750.00	220 621 21
	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
					\$
	ELECTROCARDIOLOGY	0.089334	\$ 166,130.00	\$ 2,018,520.00	\$ 195,163.52
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.152726	\$ 334,308.00	\$ 527,412.00	\$ 131,607.05
72	IMPL. DEV. CHARGED TO PATIENT	0.231241	\$ 43,887.00	\$ 720,703.00	\$ 176,804.56
73	DRUGS CHARGED TO PATIENTS	0.162157	\$ 1,026,416.00	\$ 3,179,223.00	\$ 681,973.80
76	Psych Services	7.142345			\$ -
88	RHC	0.775994			\$ -
	CLINIC	0.309422			\$
	EMERGENCY	0.174230	\$ 653,564.00	\$ 15,432,201.00	\$ 2,802,622.84
92		0.959102	\$ 47,387.00	\$ 330,465.00	\$ 362,398.61
32	OBSERVATION BEDS (NON-DISTINCT FART)	0.000000	\$ 47,367.00	\$ 330,403.00	302,336.01
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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 pe	erc

ent of the federal poverty level