Indigent Care Annual Reporting Template

Provider Name	Three Crosses Regional Hospital
Provider Medicaid Number	70775338
Provider Medicare Number	320091

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)

$0

(Please describe the use of the funds reported above)

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)

$0 Hospital Access Payments

$0 Targeted Access Payments

$0 SNCP DRG Enhanced Rate Payments

(Please describe the use of the funds reported above)

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

(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

(Please describe the use of the funds reported above)

From SB71: A health care facility's or third-party health care provider's report to the department shall include:

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	-
Input number of Medicaid Claims	-
Input number of Medicaid patients served (patient with multiple visits would be counted once)	-
Total Patients Reported Above (formula)	-

Populate the table below utilizing your most recent cost report, and claims data for the patients included in the figure in section 1 of this tab.

Total Costs From Table Below	-

	Cost Center Line Number	Cost Center Description	Per Diem from Worksheet D-1 of the cost report	Cost to Charge Ratio from Worksheet C Part I	Days Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Inpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Outpatient Ancillary Charges Associated with Patients Above (Mapped to Appropriate Routine Cost Center)	Calculated Costs
Routine Cost Centers	30	Adults and Pediatrics	-					-
	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	-					-
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Ancillary Cost Centers	50			0.000000		-	-	-
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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 | 164,282.62 |

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

2 | 90% |

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

There is a process for Patients to apply for the facilities Financial Assitance Program. The Patients are reviewed and approved or denied. This number is tracked and was compared to Bad Debt.