Indigent Care Annual Reporting Template

Provider Name		Three Cros	sses Regional Hospital	
Provider Medicaid Number		70775338		
Provider Medicare Number		320091		
Fiscal Year Begin	1/1/	2022	Fiscal Year End	12/31/2022

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 calendar year 2022)**

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)

(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)

 363,443.00
 Hospital Access Payments

 Targeted Access Payments

 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

(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)

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 Claims	-	Reporting 0 because we are not sure what the Patients Household Income is.
Input number of Medicaid Claims	7,117.00	
Input number of Medicaid patients served (patient with multiple visits would be count	4,260.00 ted once)	
Total Patients Reported Above (formula)	7,117.00	

Populate the table below utilizing your cost report that ends in calendar year 2022, and claims data for the **Indigent** patients included in the figure in section 1 of this tab.

	patients int	Liuueu III tii	ie ligure in sectio								
			Cost to	Charges	Calculated Costs						
			charge ratio								
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	to portion										
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	Direct cost	paid to			\$-						
	post acute	care									
	providers o										
	of patients										
	for indigen	t care									
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	Total Costs	From Table	e Below		-]					
						-					
	Total Costs	for Indigen	t Care (sum of F	22, F23 and	-	1					
	F25)										
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								Inpatient Ancillary		I I	
							Days Associated	Charges Associated		H	
							with Patients Above	with Patients Above		11	
	Cost					Cost to Charge	(Mapped to	(Mapped to	with Patients Above	11	
	Center				Per Diem from	Ratio from	Appropriate	Appropriate	(Mapped to	11	
	Line				Worksheet D-1	Worksheet C Part	Routine Cost	Routine Cost	Appropriate Routine	11	
	Number		Cost Center Desc		of the cost report	. 1	Center)	Center)	Cost Center)	1 -	Calculated Costs
Routine Cost Centers	30 31		Adults and Ped ICU	latrics	-					۱ŀ	-
	31		Coronary Care	Unit	-					۱ŀ	-
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From SB71As applicable, the health care facility's estimated annual amount and percentage of the health care facility's badSection 8.B.(2)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 - Unable to determine who would be eligible for Financial Assistance Program.

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

2 0%

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

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