

Indigent Care Annual Reporting Template

Provider Name COVENANT HEALTH HOBBS HOSPITAL
Provider Medicaid Number 27238369 NPI 1215534466
Provider Medicare Number 320065

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)

None

None

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)

1,042,902.00 Hospital Access Payments

357,496.00 Targeted Access Payments

1,987,000.00 SNCP DRG Enhanced Rate Payments
safety net care plan

Funds received by the facility are used to ensure comprehensive hospital care at an acuity that aligns with the population of the community we serve. Our community cannot support more complex and profitable procedure based hospital care. Supplemental payments are utilized to bridge the gap between revenue short falls and the core expenses to maintain a functioning hospital, that allows for medical services like emergency care, general surgery, and inpatient medical care for Covid, Flu, Pneumonia, Sepsis, etc. It also allows us to maintain ICU level care for our sickest patients.

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

None

None

In the box below please report any County/Municipal Bond Proceeds received by the facility

None

None

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	15,755.00
Input number of Medicaid patients served (patient with multiple visits would be counted once)	11,760.00
Total Patients Reported Above (formula)	15,755.00

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

Total Costs From Table Below None

MDCR 06/30/2021 as filed:

Just indigent

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
30	Adults and Pediatrics	2,379.83		0			-
31	ICU	3,335.34		0			-
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	401.72		0			-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-

Ancillary Cost Centers

50	OPERATING ROOM		0.465794		-	-	-
51	RECOVERY ROOM		0.344302		-	-	-
52	DELIVERY ROOM & LABOR ROOM		0.856673		-	-	-
53	ANESTHESIOLOGY		0.304985		-	-	-
54	RADIOLOGY-DIAGNOSTIC		0.340999		-	-	-
54.01	ULTRA SOUND		0.218309		-	-	-
55	RADIOLOGY-THERAPEUTIC		0.000000		-	-	-
56	RADIOISOTOPE		1.302743		-	-	-
57	CT SCAN		0.043484		-	-	-
58	MRI		0.185027		-	-	-
59	CARDIAC CATHETERIZATION		0.000000		-	-	-
60	LABORATORY		0.103133		-	-	-
60.01	BLOOD LABORATORY		0.000000		-	-	-
61	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000		-	-	-
62	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000		-	-	-
63	BLOOD STORING PROCESSING & TRANS.		0.000000		-	-	-
64	INTRAVENOUS THERAPY		0.000000		-	-	-
65	RESPIRATORY THERAPY		0.380665		-	-	-
66	PHYSICAL THERAPY		0.613930		-	-	-
67	OCCUPATIONAL THERAPY		0.021424		-	-	-
68	SPEECH PATHOLOGY		0.000000		-	-	-
69	ELECTROCARDIOLOGY		0.023735		-	-	-
70	ELECTROENCEPHALOGRAPHY		0.000000		-	-	-
71	MEDICAL SUPPLIES CHARGED TO PATIENT		0.293020		-	-	-
72	IMPL. DEV. CHARGED TO PATIENTS		0.208800		-	-	-
73	DRUGS CHARGED TO PATIENTS		0.123874		-	-	-
74	RENAL DIALYSIS		0.000000		-	-	-
75	ASC (NON-DISTINCT PART)		0.000000		-	-	-
77	ALLOGENEIC STEM CELL ACQUISITION		0.000000		-	-	-
			0.000000		-	-	-
88	RURAL HEALTH CLINIC		0.000000		-	-	-
89	FEDERALLY QUALIFIED HEALTH CENTER		0.000000		-	-	-
90	CLINIC		0.000000		-	-	-
91	EMERGENCY		0.194895		-	-	-
92	OBSERVATION BEDS (NON-DISTINCT PART)		0.792994		-	-	-

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

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

2

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

Patients eligible for financial assistance are not sent to collections.