Indigent Care Annual Reporting Template COVENANT HEALTH HOBBS HOSPITAL Provider Name Provider Medicaid Number 27238369 Provider Medicare Number 320065 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) None (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) 2,102,540.00 Hospital Access Payments - Targeted Access Payments 1,327,000.00 SNCP DRG Enhanced Rate Payments Funds received by the facility are used to ensure comprehensive hospital care at an acuity that aligns with the population of the $community\ we\ serve.\ Our\ community\ cannot\ support\ more\ complex\ and\ profitable\ procedure\ based\ hospital\ care.\ Supplemental\ complex\ procedure\ proced$ 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 maintian ICU level care for our sickest patients. 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 (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)

None

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 We did not apply for any funds Input number of Medicaid Claims 15,970.25 Input number of Medicaid patients served
(patient with multiple visits would be counted once) 11,744.00 15,970.25 Populate the table below utilizing your cost report that ends in calendar year 2022, and claims data for the **Indigent No Indigent Accounts** patients included in the figure in section 1 of this tab. Cost to charge Calculated Costs ratio Cost of care related 0.000000 \$ to portion of bill for insured patients qualifying for indigen care Direct cost paid to 0.000000 \$ post acute care providers on behalf of patients qualifying for indigent care Total Costs From Table Below Total Costs for Indigent Care (sum of F22, F23 and F25) Inpatient Ancillary Days Associated Charges Associated Outpatient Ancillary ith Patients Above vith Patients Above Charges Associated Cost Cost to Charge (Mapped to (Mapped to with Patients Above Center Ratio from (Mapped to Appropriate Appropriate Line Worksheet D-1 of Worksheet C Par Routine Cost Routine Cost Appropriate Routine Cost Center Description the cost report Center) Center) Cost Center) Calculated Costs **Routine Cost Centers** 30 Adults and Pediatrics 2,224.27 ICU Coronary Care Unit 32 Burn Intensive Care Unit Surgical Intensive Care Unit 33 34 35 Other Special Care Unit 40 41 Subprovider I Subprovider II 42 43 Other Subprovider Nursery 338.65 Ancillary Cost Centers 50 OPERATING ROOM 0.761357 51 RECOVERY ROOM 0.609369 52 DELIVERY ROOM & LABOR ROOM 53 ANESTHESIOLOGY 0.312338 54 RADIOLOGY-DIAGNOSTIC 54.01 ULTRA SOUND 0.358646 55 RADIOLOGY-THERAPEUTIC 0.000000 56 RADIOISOTOPE 2.101220 57 CT SCAN 0.036336 58 MAGNETIC RESONANCE IMAGING (MRI) 59 CARDIAC CATHETERIZATION 0.225883 60 LABORATORY 0.123999 60.01 BLOOD LABORATORY 0.000000 61 PBP CLINICAL LAB SERVICES-PRGM ONLY 0.000000 62 WHOLE BLOOD & PACKED RED BLOOD CEL 63 BLOOD STORING, PROCESSING & TRANS. 0.000000 64 INTRAVENOUS THERAPY 0.000000 65 RESPIRATORY THERAPY 66 PHYSICAL THERAPY 0.794111 67 OCCUPATIONAL THERAPY 68 SPEECH PATHOLOGY 0.01751 0.000000 69 ELECTROCARDIOLOGY 0.018395 0.000000 71 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.332320 72 IMPL. DEV. CHARGED TO PATIENTS 0.139042 73 DRUGS CHARGED TO PATIENTS 0.142304 74 RENAL DIALYSIS
75 ASC (NON-DISTINCT PART) 0.000000 0.000000 77 ALLOGENEIC STEM CELL ACQUISITION 0.000000 0.000000 88 RURAL HEALTH CLINIC 0.000000 89 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0.000000 90 CLINIC 91 EMERGENCY 0.265778 92 OBSERVATION BEDS (NON-DISTINCT PART) 0.747092

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 0%

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.		