

Indigent Care Annual Reporting Template

Provider Name COVENANT HEALTH HOBBS HOSPITAL  
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 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

(Please describe the use of the funds reported above)

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

None

(Please describe the use of the funds reported above)



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.