

Indigent Care Annual Reporting Template

Provider Name CLAYTON HEALTH SYSTEMS INC, dba UNION COUNTY GENERAL HOSPITAL
Provider Medicaid Number B2253
Provider Medicare Number CCN: 32-1304

Calendar Year Begin 1/1/2022 Calendar 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)

210.00

The hospital used this money to cover the cost of indigent patient care.

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)

567,296.69 Hospital Access Payments

594.00 Targeted Access Payments

59,117.00 SNCP DRG Enhanced Rate Payments

The above SNCP DRG Enhanced Rate Payment amount was calculated by imputing the 49.5% enhanced payment rate from the Medicaid FFS and Medicaid HMO FYE 6/30/2022 inpatient claim payments.

The above SNCP DRG Enhanced Rate Payment **ALSO** funds the **SIGNIFICANT** Medicaid FFS and HMO shortfall (excess cost over payments) for providing Medicaid beneficiary patient care. For FYE 6/30/2022, the provider incurred \$2.5M in cost for Medicaid FFS and HMO services but only received \$1.5M of Medicaid payment (excluding enhanced rate payments), which resulted in a shortfall of \$1.0M. **Consequently, the combined Medicaid FFS inpatient and outpatient shortfall of \$1.0M EXCEEDED the combined Hospital Access Payments, Targeted Access Payments, and SNCP DRG Enhanced Rate Payments.**

Consequently, the provider contends that the true out-of-pocket cost of providing patient care to indigent (BOTH uninsured and Medicaid) patients in the Clayton, New Mexico service area amounts to \$1.4M vs. the combined claims payments, HAP payments, TAP payments, and SNCP enhanced rate payments of only \$627k for a combined shortfall of \$819k.

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

952,223.82

Mill Levy funds were used for the payment of federal payroll tax, employee health/dental/vision insurance, and malpractice insurance cost.

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	95.00
Input number of Medicaid Claims	4,019.00
Input number of Medicaid patients served (patient with multiple visits would be counted once)	978.00
Total Patients Reported Above (formula)	4,114.00

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.

	Cost to charge ratio	Charges	Calculated Costs
Cost of care related to portion of bill for insured patients qualifying for indigent care	0.480478	\$ 33,367.00	\$ 16,032.114565
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care	0.000000	\$ -	\$ -
Total Costs From Table Below			41,419
Total Costs for Indigent Care (sum of F22, F23 and F25)			57,451

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	3,478.11					-
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	-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-
		-					-

50	Operating Room		0.531456		-	-	-
53	Anesthesiology		0.924701		-	-	-
54	Radiology - Diagnostic		0.610765		-	17,646	10,777.56
57	CT Scan		0.154813		-	5,901	913.55
58	MRI		0.148815		-	-	-
60	Laboratory		0.444489		-	11,014	4,895.60
65	Respiratory Therapy		0.257155		-	-	-
66	Physical Therapy		0.654975		-	-	-
69	Electrocardiology		0.121854		-	414	50.45
71	Medical Supplied Charged to Patients		0.452350		-	211	95.45
72	Imp. Dev. Charged to Patients		0.680914		-	-	-
73	Drugs Charged to Patients		0.570177		-	6,176	3,521.41
90	Clinic		0.674202		-	1,134	764.55
91	Emergency		0.805047		-	8,000	6,440.38
92	Observation Beds		0.590397		-	1,833	1,082.20
97	Durable Medical Equipment		2.534472		-	-	-
88	Clayton Clinic		1.273255		-	10,114	12,877.70
			0.000000				-
			0.000000				-
			0.000000				-
			0.000000				-

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

Union County General Hospital (UCGH) offers financial assistance to any patient that applies during or after care and who meets certain eligibility criteria. Since the patient must apply for financial assistance and provide financial data that supports their eligibility, UCGH cannot estimate which patients are eligible for financial assistance who do not apply and submit documentation. Based on an internal review of bad debt write-offs posted to the patient accounting system in the fiscal year ended June 30, 2021, there were no write-offs to bad debt expense of patient balances for patients eligible for the financial assistance program based on a submitted application.

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