

## Indigent Care Annual Reporting Template

Provider Name CLAYTON HEALTH SYSTEMS INC, dba UNION COUNTY GEN

Provider Medicaid Number B2253

Provider Medicare Number 32-1304

Fiscal Year Begin 7/1/2023 Fiscal Year End 6/30/2024

### 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 state fiscal year 2024).**

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):

\$887.07

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):

\$286,942.00 Hospital Access Payments

\$8,756.00 Targeted Access Payments

\$48,839.00 SNCP DRG Enhanced Rate Payments

For FYE 6/30/2024, the provider incurred \$2.6M in cost for Medicaid FFS and HMO services but only received \$1.8M of Medicaid payment (excluding enhanced rate payments), which resulted in a shortfall of \$836k. Consequently, the combined Medicaid shortfall of \$836K EXCEEDED the above combined Hospital safety net care funds. This shortfall EXCLUDES uninsured patients. Consequently, the true out-of-pocket cost of providing patient care to indigent (including uninsured) patients in the Clayton, New Mexico service area amounts to \$1.8M vs. the combined claims payments and safety net care payments of only \$344k for a combined shortfall of \$1.5M.

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:

\$744,251.77

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:

\$0.00

(Please describe the use of the funds reported above)

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From SB71: A health care facility's or third-party health care provider's report to the department shall include:

- 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	149
Input number of Medicaid Claims	3,384
Input number of Medicaid patients served (patient with multiple visits would be counted once)	848
Total Patients Reported Above (formula)	3,533

Populate the table below utilizing your cost report that ends in state fiscal year 2023, 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	0.488193	\$171,929.36	\$83,934.76
Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care			\$0.00

Total Costs From Table Below \$2,759,857.39

Total Costs for Indigent Care (sum of G22, G23 and G25) \$2,843,792.15

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	\$ 2,546.74		115			\$ 292,875.10
31	ICU	-					-









## Indigent Care Annual Reporting Template

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:

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, 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.

### Certification Statement

This is to certify that the foregoing information, including any attached exhibits, schedules, and explanations is true, accurate, complete, and related to Indigent Care Annual Reporting Requirements in New Mexico. I understand this information is used to ensure that uninsured and underinsured residents of

emergency care Annual reporting requirements in New Mexico. I understand this information is used to ensure that uninsured and underinsured residents of New Mexico have access to necessary healthcare services, including ambulance transport and hospital care. I understand that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable federal or state law. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Name of Authorized Person</b>		<b>Title</b>	<b>Telephone Number</b>	
<b>Email of Authorized Person</b>		<b>Date of Signature</b>		
<b>Signature of Authorized Person</b>		<b>Date of Signature</b>		
<b>Address of Authorized Person</b>				
<b>Street or P.O. Box</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Name of Preparer</b>		<b>Title</b>	<b>Telephone Number</b>	
<b>Email of Preparer</b>		<b>Date of Preparation</b>		
<b>Address of Preparer</b>				
<b>Street or P.O. Box</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>

# **Indigent Care Annual Reporting Template**

## **Definitions**

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