

Indigent Care Annual Reporting Template

Provider Name Guadalupe County Hospital  
Provider Medicaid Number B5936  
Provider Medicare Number 320067

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)

-

(Please describe the use of the funds reported above) We receive 0.00 dollars from the county indigent fund. They provide us with a letter, and we zero out the accounts and adjust them to contractual allowances. In the number on tab 2 Section 8 B.(1) in the indigent field, we have added claims that were billed to the county as well as accounts that qualified for our internal financial assistance program.

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)

406,906.02 Hospital Access Payments

236,028.46 Targeted Access Payments

91,553.59 SNCP DRG Enhanced Rate Payments

(Please describe the use of the funds reported above) General operations of the hospital, provision of quality patient care.

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

829,977.43

(Please describe the use of the funds reported above) General operations of the hospital, provision of quality patient care.

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

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(Please describe the use of the funds reported above) We do not receive any County/Municipal Bonds

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	311.00
Input number of Medicaid Claims	2,526.00
Input number of Medicaid patients served (patient with multiple visits would be counted once)	1,036.00
Total Patients Reported Above (formula)	2,837.00

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 423,400

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	193.42		55			10,638.10
31	ICU	-					-
32	Coronary Care Unit	-					-

Routine Cost Centers

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	-					-
		-					-
		-					-
		-					-
		-					-
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		-					-
		-					-
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		-					-
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Ancillary Cost Centers

50	Operating Room		0.039823		-	450,997	17,960.05
51	RECOVERY ROOM		0.000000				-
52	DELIVERY ROOM & LABOR ROOM		0.000000				-
53	ANESTHESIOLOGY		0.000000				-
54	RADIOLOGY-DIAGNOSTIC		0.283084		22,063	108,197	36,874.52
55	RADIOLOGY-THERAPEUTIC		0.000000				-
56	RADIOISOTOPE		0.000000				-
57	CT SCAN		0.000000				-
58	MAGNETIC RESONANCE IMAGING (MRI)		0.000000				-
59	CARDIAC CATHETERIZATION		0.000000				-
60	LABORATORY		0.430585		36,237	144,157	77,674.95
60.01	BLOOD LABORATORY		0.000000				-
61	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000				-
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000				-
63	BLOOD STORING, PROCESSING & TRANS.		0.000000				-
64	INTRAVENOUS THERAPY		0.000000				-
65	RESPIRATORY THERAPY		0.529806		2,912	884	2,011.14
66	PHYSICAL THERAPY		0.000000				-



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55

119,608

988,140

423,400

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

Amount in box 1 are patients who have applied for our financial assistance program, but did not qualify for a full 100% discount. We have three different levels to our financial policy. 100%, 75% and 50%. Our total bad debt for calendar year 2021 was \$848,072.99