

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

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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	356.00
Input number of Medicaid Claims	2,262.00
Input number of Medicaid patients served (patient with multiple visits would be counted once)	1,039.00
Total Patients Reported Above (formula)	2,618.00

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	0.417608	\$ 87,608.00	\$ 36,585.80

Direct cost paid to post acute care providers on behalf of patients qualifying for indigent care

		\$ -
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Total Costs From Table Below

458,432

Total Costs for Indigent Care (sum of F22, F23 and F25)

495,018

Routine Cost Centers

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	348.51		35			12,197.85
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	-					-
		-					-
		-					-
		-					-

