Indigent Care Annual Reporting Template

| Provider Name | CHRISTUS St. Vincent |  |  |
| :--- | :--- | :--- | :--- |
| Provider Medicaid Number | 547 |  |  |
| Provider Medicare Number | $32-0002$ |  |  |
|  |  | Calendar 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)

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)
848,840.00 Hospital Access Payments
171,591.00 Targeted Access Payments
1,022,869.00 SNCP DRG Enhanced Rate Payments

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
(Please describe the use of the funds reported above)

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 patients | $\boxed{2,015.00}$ |
| :--- | ---: | ---: |
| Input number of Medicaid Claims | $\boxed{51,182.00}$ |
| Input number of Medicaid patients served | $\boxed{19,505.00}$ |
|  |  |
| Total Patients Reported Above (formula) | $\boxed{53,197.00}$ |

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.


From SB71 As applicable, the health care facility's estimated annual amount and percentage of the health care facility's bad Section 8.B.(2) 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


What percentage of total bad debt expense is represented by the amount reported above?


In the space provided below, please explain the methodology used to create the estimates reported in boxes 1 and 2

