Indigent Care Annual Reporting Template

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Provider Name		CHRISTUS	st. Vincent		
Provider Medicaid Number		547			
Provider Medicare Number		32-0002			
Calendar Year Begin	1/1/	2021	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)

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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 H	ospital Access Payments
171,591.00 Ta	rgeted Access Payments
1,022,869.00 SN	ICP 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)

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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



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.

51,081,429

Total Costs From Table Below

	Cost Center Line Number	Cost Center Description	Per Diem from Worksheet D-1 of the cost report	Cost to Charge Ratio from Workshet C Part	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
Routine Cost Centers	30		1,307.26		4808	,	cost centery	6,285,306.08
Noutine cost centers	31	ICU	2,809.36		663			1,862,605.68
	32	Coronary Care Unit	-					-
	33	Burn Intensive Care Unit	-					-
	34	Surgical Intensive Care Unit	-					-
	35	Other Special Care Unit	-					-
	40	Subprovider I	2,563.71		374			958,827.54
	41	Subprovider II	1,181.85		162			191,459.70
	42	Other Subprovider	-					-
	43	Nursery	1,331.86		593			789,792.98
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-

Ancillary Cost Centers	50	0.221310		9,806,857	23,286,711	7,323,937.53
	52	0.866651		1,318,146	314,236	1,414,705.49
	53	0.047573		2,083,380	3,544,119	267,717.01
	54	0.260259		4,548,062	3,288,421	2,039,515.23
	57	0.052634		2,479,763	3,674,919	323,945.53
	58	0.104133		990,326	1,020,401	209,383.03
	59	0.186167		2,229,129	1,695,315	730,601.97
	60	0.110655		25,073,825	24,044,845	5,435,226.43
	62	0.383930		1,310,497	171,974	569,165.09
	65	0.406804		2,062,720	309,234	964,920.38
	66	0.280671		904,182	1,766,522	749,589.16
	67	0.279264		610,134	896,816	420,836.88
	68	0.472624		428,824	316,522	352,268.41
	69	0.081869		1,188,973	1,442,044	215,398.73
	70	0.270151		63,143	254,374	85,777.54
	71	0.287687		4,379,812	5,217,550	2,761,036.28
	72	0.194098		3,397,160	8,721,962	2,352,297.34
	73	0.138425		21,166,774	7,822,488	4,012,838.59
	74	0.658014		634,207	35,801	440,874.64
	90	0.170248		2,483,871	2,657,325	875,278.34
	90.01	0.380181			994,439	378,066.81
	90.02	0.974813		491,627	147,373	622,905.51
	90.03	0.269600		284,215	7,752,222	2,166,623.42
	90.04	0.286107		17,580	254,422	77,821.68
	90.05	0.466543			374,398	174,672.77
	90.06	0.376485			980,301	369,068.62
	91	0.247970		6,646,114	12,695,457	4,796,129.36
	92	0.950317		369,628	538,317	862,835.57
		0.000000				-
			6,600	94,968,949	114,218,508	51,081,429

From SB71As applicable, the health care facility's estimated annual amount and percentage of the health care facility's badSection 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