

Indigent Care Annual Reporting Template

Provider Name Nor-Lea Hospital District  
Provider Medicaid Number 901  
Provider Medicare Number 321305

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)

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Nor-Lea Hospital District does not receive any indigent funds from Lea County.

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)

5,878,494.59 Hospital Access Payments

16,178.35 Targeted Access Payments

- SNCP DRG Enhanced Rate Payments

Nor-Lea Hospital is a critical access hospital and does not get reimbursed based on DRG on inpatient claims and therefore does not receive SNCP DRG Enhanced Rate Payments (49.5 % of base rate)

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

3,616,003.84

Nor-Lea Hospital District receives mill levy funds from their taxing districts. These funds are for operating and maintaining the hospital for its taxpayers (Lovington and Tatum Hospital Districts)

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

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Nor-Lea Hospital District does not receive any County/Municipal Bond Proceeds



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

Nor-Lea Hospital District can not identify those in Bad Debt that would have qualified for Financial Assistance because the patient would have not provided the necessary information to qualify