



**Roosevelt General Hospital & Clinics**  
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Indigent Care Annual Reporting Template			
Provider Name	Roosevelt General Hospital		
Provider Medicaid Number	000G8465		
Provider Medicare Number	320084		
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)			
-			
N/A			
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)			
1,746,936.00		Hospital Access Payments	
3,958.00		Targeted Access Payments	
455,244.00		SNCP DRG Enhanced Rate Payments	
To support all daily operations of our hospital and clinics.			
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			
-			
N/A			
In the box below please report any County/Municipal Bond Proceeds received by the facility			
-			
N/A			

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	292.00
Input number of Medicaid Claims	78,342.00
Input number of Medicaid patients served (patient with multiple visits would be counted once)	8,887.00
Total Patients Reported Above (formula)	78,634.00

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 600,052

	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
Routine Cost Centers	30	Adults and Pediatrics	168.29		51			8,582.79
	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	-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
Ancillary Cost Centers	50	Operating Room		0.155716		1,359	304,229	47,584.94
	53	Anesthesiology		0.009163		240	3,858	37.55
	54	Radiology-Diagnostic		0.131244		54,714	445,310	65,625.15
	60	Laboratory		0.203209		66,716	265,910	67,592.55
	65	Respiratory Therapy		0.585779		60,897	26,417	51,146.71
	66	Physical Therapy		0.416573		1,768	118,825	50,235.79
	71	Medical Supplies Charged to Patient		0.912527		24,731	22,528	43,124.60
	73	Drugs Charged to Patients		0.743454		77,540	35,523	84,057.14
	88	Rural Health Clinic		1.429727			36,119	51,640.31
	88.01	Rural Health Clinic Clovis		1.094747				-
	91	Emergency		0.362079		28,366	324,463	127,751.97
	92	Observation Beds (non-distinct part)		1.722920			1,551	2,672.25
				0.000000				-
				0.000000				-
				0.000000				-
				0.000000				-
					51	316,331	1,584,733	600,052

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	-
2	0%
	In the space provided below, please explain the methodology used to create the estimates reported in boxes 1 and 2
	I pulled all BD Receivables for CY 2021. I reviewed the primary, secondary, and tertiary insurances to determine which ones had BD receivables. If a patient qualifies for Financial Assistance, an insurance is added to the account titled "Financial Assistance XX%" to indicate the amount of money that should be written off for the service. All of the insurances titled "Financial Assistance" or "Indigent" did not have any bad debt values associated to them.