

## Indigent Care Annual Reporting Template

Provider Name Sierra Vista Hospital

Provider Medicaid Number 216

Provider Medicare Number 321300

Fiscal Year Begin 7/1/2023 Fiscal Year End 6/30/2024

### 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:

**Report the data below on the cash basis (monies received during the state fiscal year 2024).**

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)

\$0.00

(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):

\$1,413,888.74 Hospital Access Payments

\$38,009.00 Targeted Access Payments

SNCP DRG Enhanced Rate Payments

Hospital operation.

2. Funds raised to pay the cost of operating and maintain county hospitals, pay contracting hospitals in accordance with health c 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:

\$700,266.33

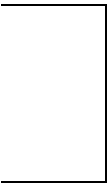
Hospital operation.

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

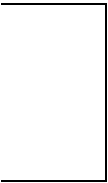
\$0.00

(Please describe the use of the funds reported above)

venue):



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