HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: [redacted] | Period: From [redacted] To [redacted] | Worksheet S-10 | Date/Time Prepared: 5/23/2016 5:15 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	[redacted]	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	[redacted]	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	[redacted]	5.00
6.00	Medicaid charges	[redacted]	6.00
7.00	Medicaid cost (line 1 times line 6)	[redacted]	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	[redacted]	9.00
10.00	Stand-alone SCHIP charges	[redacted]	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	[redacted]	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	[redacted]	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	[redacted]	[redacted]	[redacted]	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	[redacted]	[redacted]	[redacted]	21.00
22.00	Partial payment by patients approved for charity care	[redacted]	[redacted]	[redacted]	22.00
23.00	Cost of charity care (line 21 minus line 22)	[redacted]	[redacted]	[redacted]	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	[redacted]	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	[redacted]	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	[redacted]	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	[redacted]	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	[redacted]	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	[redacted]	31.00