

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET S-10, PART II
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**PART II - HOSPITAL DATA**

**Uncompensated and Indigent Care Cost-to-Charge Ratio**

1	Cost to charge ratio (see instructions)			1
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**Medicaid (see instructions for each line)**

2	Net revenue from Medicaid			2
3	Did you receive DSH or supplemental payments from Medicaid?			3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges			6
7	Medicaid cost (line 1 times line 6)			7
8	Difference between net revenue and costs for Medicaid program (see instructions)			8

**Children's Health Insurance Program (CHIP) (see instructions for each line)**

9	Net revenue from stand-alone CHIP			9
10	Stand-alone CHIP charges			10
11	Stand-alone CHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12

**Other state or local government indigent care program (see instructions for each line)**

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (see instructions)			16

**Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)**

17	Private grants, donations, or endowment income restricted to funding charity care			17
18	Government grants, appropriations or transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, CHIP, and state and local indigent care programs (sum of lines 8, 12, and 16)			19

**Uncompensated care cost (see instructions for each line)**

		Uninsured Patients	Insured Patients	Total (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts (see instructions)				20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)				21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (see instructions)				23
24	Does the amount on line 20, col. 2, include charges for patient days beyond a length-of-stay limit imposed on patients covered by Medicaid or other indigent care program?				24
25	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length-of-stay limit (see instructions)				25
25.01	Charges for insured patients' liability (see instructions)				25.01
26	Bad debt amount (see instructions)				26
27	Medicare reimbursable bad debts (see instructions)				27
27.01	Medicare allowable bad debts (see instructions)				27.01
28	Non-Medicare bad debt amount (see instructions)				28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)				29
30	Cost of uncompensated care (line 23, col. 3, plus line 29)				30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				31

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