A	В	В	С	D	E	F	G	Н	I	J	К	L	М	N	0
Hospital Name	Medicare Provider	Medicaid Provider	Type of	Type of	Medicaid Inpatient	Low Income	DSH	Regular	Medicaid Managed	Supplemental/	Indigent	Transfers	Total Cost	Uncompensated	Medicaid Eligible
	Number	Number	Hospital	Hospital	Utilization	Utilization	Payments	Medicaid Rate	Care Organization	Enhanced Medicaid	Care Revenue		of Care	Care Costs	& Uninsured
				Ownership	Rate	Rate		Payments	Payments	Payments					Individuals