| Α | В | В | С | D | E | F | G | Н | I | J | K | L | M | 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 |
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