Definition of Uncompensated Care:

A	B	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Hospital Name	**State Estimated Hospital-Specific DSH Limit**	**Medicaid I/P Utilization Rate**	**Low-Income Utilization Rate**	**State-Defined Eligibility Statistic**	**Regular IP/OP Medicaid FFS Rate Payments**	**IP/OP Medicaid MCO Payments**	**Supplemental / Enhanced IP/OP Medicaid Payments**	**Total Medicaid IP/OP Medicaid Payments**	**Total Cost of Care - Medicaid IP/OP Services**	**Total Medicaid Uncompensated Care Costs**	**Total IP/OP Indigent Care/Self-Pay Revenues**	**Total Applicable Section 1011 Payments**	**Total IP/OP Uninsured Cost of Care**	**Total Uninsured Uncompensated Care Costs**	**Total Eligible Uncompensated Care Costs**	**Medicaid Provider Number**	**Medicare Provider Number**	**Total Hosptial Cost**

OMB Approved # 0938-0746 (mm/yyyy)