

WORKSHEET S-10

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

	PROVIDER CCN:	PROVIDER CCN:	PROVIDER CCN:	PROVIDER CCN:	PROVIDER CCN:	
	110034	110028	110177	110113	110111	
	AU MEDICAL CENTER	UNIVERSITY HOSPITAL	DOCTORS HOSPITAL	BURKE MEDICAL CENTER	UNIVERSITY HOSPITAL MCDUFFIE	
Cost Report Period Start Date	7/1/2020	1/1/2021	4/1/2021	6/22/2021	1/1/2021	
Cost Report Period End Date	6/30/2021	12/31/2021	3/31/2022	12/31/2021	12/31/2021	
Uncompensated and indigent care cost computation	1	1	1	1	1	
1 Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.231555	0.286356	0.081961	0.191276	0.257274	1
Medicaid (see instructions for each line)						
2 Net revenue from Medicaid	45,702,241	30,211,054	69,100,691	458,883	2,105,351	2
3 Did you receive DSH or supplemental payments from Medicaid?	Y	Y	Y	N	Y	3
4 If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	N	Y	N	N	4
5 If line 4 is no, enter DSH or supplemental payments from Medicaid	27,400,412	4,137,903			1,330,413	5
6 Medicaid charges	245,367,382	124,386,732	702,317,632	2,558,009	11,074,724	6
7 Medicaid cost (line 1 times line 6)	56,816,044	35,618,887	57,562,655	489,286	2,849,239	7
8 Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)		1,269,930		30,403		8
Children's Health Insurance Program (CHIP_ (see instructions for each line)						
9 Net revenue from stand-alone CHIP	53,755	197	4,543	7,912		9
10 Stand-alone CHIP charges	387,418	4,104	75,471	59,972		10
11 Stand-alone CHIP cost (line 1 times line 10)	89,709	1,175	6,186	11,471		11
12 Difference between net revenue and costs for stand-alone CHIP (line 9 minus line 11)	35,954	978	1,643	3,559		12
If line 11 is less than line 9, then enter zero.						
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)			241,337			13
14 Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			371,188			14
15 State or local indigent care program cost (line 1 times line 14)			30,423			15
16 Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)						16
If line 15 is less than line 13, then enter zero.						
Uncompensated care (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	34,899,868					18
19 Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	35,954	1,270,908	1,643	33,962		19
20 Charity care charges - Uninsured (column 1)	238,028,075	68,973,641	298,082,116	160,988	6,833,046	20
20 Charity care charges - Insured (column 2)	10,275,533	3,585,037	5,264,221	19,326	249,758	20
20 Total Charity care charges (column 3)	248,303,608	72,558,678	303,346,337	180,314	7,082,804	20
21 Cost of patients approved for charity care (line 1 times line 20) - Uninsured (clmn 1)	55,116,591	19,751,016	24,431,108	30,793	1,757,965	21
21 Cost of patients approved for charity care (line 1 times line 20) - Insured (clmn 2)	10,275,533	3,585,037	2,009,754	19,326	249,758	21
21 Cost of patients approved for charity care (line 1 times line 20) - Total (clmn 3)	65,392,124	23,336,053	26,440,862	50,119	2,007,723	21
22 Partial payment by patients approved for charity care - Uninsured (clmn 1)		1,723				22
22 Partial payment by patients approved for charity care - Insured (clmn 2)						22
22 Partial payment by patients approved for charity care - Total (clmn 3)		1,723				22
23 Cost of charity care (line 21 minus line 22) - Uninsured (clmn 1)	55,116,591	19,749,293	24,431,108	30,793	1,757,965	23
23 Cost of charity care (line 21 minus line 22) - Insured (clmn 2)	10,275,533	3,585,037	2,009,754	19,326	249,758	23
23 Cost of charity care (line 21 minus line 22) - Total (clmn 3)	65,392,124	23,334,330	26,440,862	50,119	2,007,723	23
24 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	N	Y	N	N	24
If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			3,545,020			25
26 Total bad debt expense for the entire hospital complex (see instructions)	45,056,640	28,224,391	24,458,457	2,465	4,134,817	26
27 Medicare bad debts for the entire hospital complex (see instructions)	777,567	515,881	784,230	1,602	62,597	27
28 Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27)	43,860,383	27,430,728	23,251,950		4,038,515	28
29 Cost of non-Medicare bad debt expense (line 1 times line 28)	10,574,781	8,132,736	2,328,030	863	1,072,710	29
30 Cost of uncompensated care (line 23 column 3 plus line 29)	75,966,905	31,467,066	28,768,892	50,982	3,080,433	30
31 Total unreimbursed and uncompensated care cost (line 19 plus line 30)	76,002,859	32,737,974	28,770,535	84,944	3,080,433	31