

Texas UC Summary		
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Charity care	\$	5,590,777,573
Medicaid overpayments	\$	(1,073,616,663)
Net Charity Care = UC Pool Amount	\$	4,517,160,910

Table with 14 columns containing hospital identifiers (e.g., 451386, 451387), hospital names (e.g., MOORE COUNTY HOSP, UVALDE MEMORIAL HOSPITAL), and financial data in dollars. The data is organized into a grid with alternating light blue and white rows.

Non-S-10 Hospital - DSH/UC DY10 app data
Reported unimpaired charity but no cost or revenue
Reported revenue but not cost (2017 Medicaid shortfall used instead if available)
Hospital did not have S-10 charity cost - DSH/UC DY10 app data was used

UC Limit Calculation Model Template

Non S-10 Provider Data is reported as follows:

Data in col E and G reported from the DY 10 DSH/UC Application - Sched 4 DSH State Pmt Cap Cells B3 and B6

Data In Col M reported from DY 10 DSH/UC Application - Hospital Data Tab Cells I85 + I105

Data in Col N reported from DY 10 DSH/UC Application - Sched 3 Charity Costs Cell - E6

Removed, no value in col. N or no DY10 Application

Data for S-10 Providers queried from HFS HCRIS database for all providers with a fiscal year begin date in federal fiscal year 2019.

The providers in the template are Texas providers who had a value in Line 23, column 1 of worksheet S-10.

A second cost report for Hunstville was also included that had a fiscal year begin date of 2/28/2020. They had a change of ownership in Q2 of FFY19, so this cost report was added to reflect a full 12 months of data. Please see "Hunstville" tab for additional information.

Table with columns: ID, Date, Amount, and Description. The table lists numerous transactions, often with multiple entries for the same date and amount, representing various medical and administrative services. The text is truncated on the right side.

DY10 DSH_UC App Data

Added to match
to 2021 Master
TPIs 9.2.21

2021 Master TPI	ProviderName	TPI	Sched 4- DSH	Sched 4- DSH	Hospital Data	Hospital Data	Sched 3 Charity	Calculated F+G		Class	Charity is Positive?	IMD?	In Final HCRIS information?	Add to Analysis?
			State Payment Cap B3	State Payment Cap B6	Tab Cell I85	Tab Cell I105	Costs E6	Uninsured Charity UCC - Shortfall	State and Local Indigent Programs					
			MEDICAID COSTS	MEDICAID PAYMENTS	Total, City & County Programs	Total, State Funded								
020844903	CHRISTUS Santa Rosa Health Care Corporation	020844903	#####	124,872,212.94	3,631,171.33	106,973.24	4,509,967.54	3,738,144.57	Children's	Y	N	N	Y	
021184901	Cook Children's Medical Center	021184901	#####	379,011,284.66	0.00	0.00	9,877,844.94	0.00	Children's	Y	N	N	Y	
112672402	The University of Texas MD Anderson Cancer Center	112672402	52,915,622.00	48,923,962.68	55,813.29	1,757,233.05	27,845,995.16	1,813,046.34	State-Owned	Y	N	N	Y	
121792903	Hamilton General Hospital	121792903	985,574.00	917,177.01	0.00	0.00	1,092,077.55	0.00	Rural Public	Y	N	N	Y	
127319504	METHODIST CHILORENS HOSPITAL	127319504	55,913,985.00	55,991,244.22	0.00	0.00	6,323,758.81	0.00	Children's	Y	N	N	Y	
132812205	Driscoll Children's Hospital	132812205	#####	170,780,772.43	0.00	575.78	3,627,112.35	575.78	Children's	Y	N	N	Y	
138910807	Children's Medical Center Dallas	138910807	#####	598,670,461.82	0.00	0.00	7,913,317.12	0.00	Children's	Y	N	N	Y	
139135109	Texas Children's Hospital	139135109	#####	858,835,206.26	0.00	0.00	60,313,940.87	0.00	Children's	Y	N	N	Y	
192622201	Cedar Park Regional Medical Center	192622201	4,942,374.00	4,149,064.77	239,325.73	3,222,580.90	5,307,827.91	3,461,906.63	Other	Y	N	N	Y	
291854201	El Paso Children's Hospital Corporation	291854201	43,719,220.00	60,874,932.77	628,305.00	20,008.66	159,323.44	648,313.66	Children's	Y	N	N	Y	
315440301	Texas Scottish Rite Hospital for Children	315440301	37,588,696.88	15,817,990.76	0.00	0.00	11,651,587.25	0.00	Children's	Y	N	N	Y	
354178101	Children's Health Plano	354178101	67,744,054.00	85,510,119.06	0.00	0.00	1,793,737.83	0.00	Children's	Y	N	N	Y	
376537203	Freestone Medical Center	376537203	585,379.00	404,459.21	0.00	43,634.00	1,090,120.20	43,634.00	Rural Public	Y	N	N	Y	

Removed from HCRIS Query:

Cost Report Months Spanned	Medicare Number	Fiscal Year Begin	Fiscal Year End	Cost of Charity Care	Hospital Name	Date Submitted	
	HFS	HFS	HFS	HFS	HFS	HFS	
=DATEDIF(FYB,FYE,"D")/30	S-2 Part I L3.00 C2.00	S-2 Part I L20.00 C1.00	S-2 Part I L20.00 C2.00	S-10 L23.00 C1.00	S-2 Part I L3.00 C1.00	S Part I L0.00 C1.00	Reason
2	450090	10/1/2018	11/30/2018	112,588	NORTH TEXAS MEDICAL CENTER	6/26/2019	Duplicate CCN Cost Report
10	450299	10/1/2018	7/30/2019	3,189,728	COLLEGE STATION MEDICAL CENT	2/20/2020	Duplicate CCN Cost Report
9	452044	1/1/2019	9/29/2019		LIFECARE SPEC HOSP OF NORTH T	5/15/2020	Duplicate CCN Cost Report
3	452067	6/15/2019	8/31/2019		KPC PROMISE HOSPITAL OF DALLA	4/2/2020	Duplicate CCN Cost Report
3	452068	6/15/2019	8/31/2019		KPC PROMISE HOSPITAL OF WICHI	2/25/2020	Duplicate CCN Cost Report
8	452114	1/1/2019	8/31/2019		ATRIUM MEDICAL CENTER	5/27/2020	Duplicate CCN Cost Report
1	673068	11/19/2018	12/31/2018		SUGAR LAND REHAB	5/14/2020	Duplicate CCN Cost Report
12	450076	9/1/2019	8/31/2020		UT MD ANDERSON CANCER CENTE	2/22/2021	No Cost of Charity
12	450422	1/1/2019	12/31/2019		BAYLOR MEDICAL CENTER AT UPTC	8/19/2020	No Cost of Charity
2	450605	1/1/2019	3/13/2019		CARE REGIONAL MEDICAL CENTER	4/30/2020	No Cost of Charity
12	450774	1/1/2019	12/31/2019		TOPS SURGICAL SPECIALTY HOSPI	8/6/2020	No Cost of Charity
12	450808	1/1/2019	12/31/2019		NORTHWEST HILLS SURGICAL HOS	9/24/2020	No Cost of Charity
12	450825	1/1/2019	12/31/2019		CORNERSTONE REGIONAL HOSPIT.	8/7/2020	No Cost of Charity
12	450831	9/1/2019	8/31/2020		VISTA MEDICAL CENTER HOSPITAL	2/10/2021	No Cost of Charity
12	450834	1/1/2019	12/31/2019		THE PHYSICIAN CENTRE	9/17/2020	No Cost of Charity
12	450871	1/1/2019	12/31/2019		ARISE AUSTIN MEDICAL CENTER	7/14/2020	No Cost of Charity
12	450877	1/1/2019	12/31/2019		EAST EL PASO PHYS. MED. CENTE	10/29/2020	No Cost of Charity
12	450891	1/1/2019	12/31/2019		PRESBYTERIAN PLANO CENTER DIA	5/28/2020	No Cost of Charity
7	450894	1/1/2019	7/24/2019		PINE CREEK MEDICAL CENTER	4/9/2021	No Cost of Charity
12	451990	1/1/2019	12/31/2019		THE LEAVES	8/28/2020	No Cost of Charity
7	452015	9/1/2019	3/14/2020		KINDRED HOSPITAL DALLAS	6/7/2021	No Cost of Charity
12	452016	9/1/2019	8/31/2020		KINDRED HOSPITAL SAN ANTONIO	2/11/2021	No Cost of Charity
12	452018	4/1/2019	3/31/2020		TX HLTH SPECIALTY HOSP FORT W	9/23/2020	No Cost of Charity
12	452019	9/1/2019	8/31/2020		KINDRED HOSPITAL MANSFIELD	1/15/2021	No Cost of Charity
12	452022	1/1/2019	12/31/2019		SSH - DALLAS INC.	6/11/2020	No Cost of Charity
12	452023	9/1/2019	8/31/2020		KINDRED HOSPITAL HOUSTON	12/28/2020	No Cost of Charity
12	452028	9/1/2019	8/31/2020		KINDRED HOSPITAL TARRANT COU	12/18/2020	No Cost of Charity
12	452029	9/1/2019	8/31/2020		CONTINUECARE HOSPITAL AT HEN	2/25/2021	No Cost of Charity
12	452031	7/1/2019	6/30/2020		PAM SPECIALTY HOSP OF LUFKIN	11/20/2020	No Cost of Charity
12	452032	9/1/2019	8/31/2020		CHG CORNERSTONE HOSP OF HOU	1/29/2021	No Cost of Charity
12	452034	9/1/2019	8/31/2020		CORNERSTONE HOSPITAL OF AUST	1/26/2021	No Cost of Charity
12	452035	4/1/2019	3/31/2020		MESA HILLS SPECIALTY HOSPITAL	11/6/2020	No Cost of Charity
12	452038	1/1/2019	12/31/2019		TEXAS NEURO REHAB CENTER	6/5/2020	No Cost of Charity
12	452039	9/1/2019	8/31/2020		KINDRED HOSPITAL HOUSTON NOI	12/28/2020	No Cost of Charity
12	452041	1/1/2019	12/31/2019		CARRUS SPECIALTY HOSPITAL	7/17/2020	No Cost of Charity
12	452042	9/1/2019	8/31/2020		CHRISTUS DUBUIS HOSPITAL OF	2/10/2021	No Cost of Charity
11	452044	9/30/2019	8/31/2020		LIFECARE SPEC HOSP OF NORTH T	5/10/2021	No Cost of Charity
12	452046	8/1/2019	7/31/2020		HOUSTON HEALTHCARE SPECIALTY	4/6/2021	No Cost of Charity
12	452051	5/1/2019	4/30/2020		UT HEALTH EAST TEXAS SPECIALT	10/1/2020	No Cost of Charity
5	452055	9/1/2019	2/1/2020		CORNERSTONE SOUTH HOUSTON	7/6/2020	No Cost of Charity
12	452056	9/1/2019	8/31/2020		POST ACUTE MEDICAL VICTORIA	3/17/2021	No Cost of Charity
12	452057	9/1/2019	8/31/2020		NEXUS SPECIALTY HOSPITAL	4/14/2021	No Cost of Charity
11	452059	9/30/2019	8/31/2020		PAM SPC HOSP OF SAN ANTONIO M	3/18/2021	No Cost of Charity
12	452060	8/1/2019	7/31/2020		VIBRA HOSPITAL OF AMARILLO	12/2/2020	No Cost of Charity
12	452061	9/1/2019	8/31/2020		PAM SQUARED AT TEXARKANA	3/1/2021	No Cost of Charity
12	452062	1/1/2019	12/31/2019		WARM SPRINGS SPECIALTY HOSP	8/24/2020	No Cost of Charity
12	452067	9/1/2019	8/31/2020		KPC PROMISE HOSPITAL OF DALLA	4/6/2021	No Cost of Charity
12	452068	9/1/2019	8/31/2020		KPC PROMISE HOSPITAL OF WICHI	4/8/2021	No Cost of Charity
12	452073	6/1/2019	5/31/2020		KINDRED HOSPITAL SAN ANTONIO	5/6/2021	No Cost of Charity
7	452074	9/1/2019	3/16/2020		KINDRED HOSPITAL SPRING	6/22/2021	No Cost of Charity
12	452075	9/1/2019	8/31/2020		KINDRED HOSPITAL CLEAR LAKE	4/12/2021	No Cost of Charity
12	452079	9/1/2019	8/31/2020		KINDRED HOSPITAL EL PASO	4/12/2021	No Cost of Charity
12	452080	9/1/2019	8/31/2020		KINDRED HOSPITAL SUGAR LAND	4/12/2021	No Cost of Charity
12	452083	9/1/2019	8/31/2020		MID JEFFERSON EXTENDED CARE I	4/6/2021	No Cost of Charity
12	452086	9/1/2019	8/31/2020		PAM SQUARED AT CORPUS CHRIST	3/3/2021	No Cost of Charity
12	452087	1/1/2019	12/31/2019		SSH - LONGVIEW INC.	9/16/2020	No Cost of Charity
7	452088	9/1/2019	3/15/2020		KINDRED HOSPITAL FORT WORTH	3/4/2021	No Cost of Charity
12	452090	9/1/2019	8/31/2020		WARM SPRINGS SPECIALTY HOSP I	3/5/2021	No Cost of Charity
12	452091	1/1/2019	12/31/2019		TYLER CONTINUECARE HOSPITAL	8/28/2020	No Cost of Charity
12	452094	1/1/2019	12/31/2019		VICTORIA WARM SPRINGS SPECIA	9/2/2020	No Cost of Charity
12	452095	9/1/2019	8/31/2020		SOLARA HOSPITAL MCALLEN	12/21/2020	No Cost of Charity
12	452096	2/1/2019	1/31/2020		LAREDO SPECIALTY HOSPITAL	7/6/2020	No Cost of Charity
12	452097	8/1/2019	7/31/2020		VIBRA SPECIALTY HOSP DALLAS	12/17/2020	No Cost of Charity
12	452100	6/1/2019	5/31/2020		MESQUITE SPECIALTY HOSPITAL	11/10/2020	No Cost of Charity
12	452101	8/1/2019	7/31/2020		SOLARA HOSPITAL HARLINGEN	11/24/2020	No Cost of Charity
12	452102	7/1/2019	6/30/2020		COVENANT SPECIALTY HOSPITAL	12/10/2020	No Cost of Charity

12 452105	1/1/2019	12/31/2019	BAYLOR SCOTT & WHITE CONTINU	7/1/2020	No Cost of Charity
12 452106	10/1/2018	9/30/2019	POST ACUTE MEDICAL OF NEW BR	2/24/2020	No Cost of Charity
12 452107	9/1/2019	8/31/2020	SOLARA HOSPITAL CONROE	12/18/2020	No Cost of Charity
12 452108	9/1/2019	8/31/2020	KINDRED HOSPITAL DALLAS CENTI	1/5/2021	No Cost of Charity
10 452110	9/1/2019	6/30/2020	SAGECREST HOSPITAL - GRAPEVIN	12/16/2020	No Cost of Charity
12 452111	12/1/2018	11/30/2019	ATRIUM MEDICAL CENTER	7/9/2020	No Cost of Charity
12 452112	2/1/2019	1/31/2020	SE TEXAS ER & HOSPITAL	12/29/2020	No Cost of Charity
13 452114	9/1/2019	9/30/2020	ATRIUM MEDICAL CENTER	5/5/2021	No Cost of Charity
12 452121	2/1/2019	1/31/2020	CONTINUECARE HOSPITAL AT MED	7/2/2020	No Cost of Charity
6 452122	7/1/2019	12/31/2019	EL PASO LTAC HOSPITAL	8/13/2020	No Cost of Charity
12 453029	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	1/25/2021	No Cost of Charity
12 453031	6/1/2019	5/31/2020	ENCOMPASS HEALTH REHABILITAT	11/5/2020	No Cost of Charity
12 453035	6/1/2019	5/31/2020	SA WARM SPRINGS REHAB HOSP	11/24/2020	No Cost of Charity
12 453036	7/1/2019	6/30/2020	BAYLOR INSTITUTE FOR REHABILIT	1/6/2021	No Cost of Charity
12 453040	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	1/25/2021	No Cost of Charity
12 453042	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	2/22/2021	No Cost of Charity
12 453047	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	5/28/2020	No Cost of Charity
12 453048	1/1/2019	12/31/2019	PAM SQUARED AT BEAUMONT	8/28/2020	No Cost of Charity
7 453052	1/1/2019	7/31/2019	KINDRED REHAB HOSPITAL CLEAR	1/3/2020	No Cost of Charity
12 453053	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	1/25/2021	No Cost of Charity
12 453054	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	2/24/2021	No Cost of Charity
12 453056	1/1/2019	12/31/2019	CHRISTUS TRINITY MOTHER FRAN	2/3/2021	No Cost of Charity
12 453057	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	1/25/2021	No Cost of Charity
12 453059	1/1/2019	12/31/2019	ENCOMPASS HEALTH REHABILITAT	5/28/2020	No Cost of Charity
12 453065	7/1/2019	6/30/2020	CHRISTUS ST MICHAEL REHAB HO	12/8/2020	No Cost of Charity
12 453072	8/1/2019	7/31/2020	UT HEALTH EAST TEXAS REHAB HC	12/30/2020	No Cost of Charity
12 453086	1/1/2019	12/31/2019	HIGHLANDS REGIONAL REHAB HO	5/28/2020	No Cost of Charity
12 453091	1/1/2019	12/31/2019	WESLACO REGIONAL REHABILITAT	7/6/2020	No Cost of Charity
12 453092	1/1/2019	12/31/2019	SOUTH TEXAS REHABILITATION HC	7/8/2020	No Cost of Charity
12 453096	8/1/2019	7/31/2020	VIBRA REHABILITATION HOSPITAL	6/9/2021	No Cost of Charity
12 453300	10/1/2018	9/30/2019	COOK CHILDRENS MEDICAL CENTE	3/12/2020	No Cost of Charity
12 453301	9/1/2019	8/31/2020	DRISCOLL CHILDRENS HOSPITAL	4/1/2021	No Cost of Charity
12 453302	1/1/2019	12/31/2019	CHILDRENS MEDICAL CENTER OF I	9/23/2020	No Cost of Charity
12 453304	10/1/2018	9/30/2019	TEXAS CHILDRENS HOSPITAL	9/21/2020	No Cost of Charity
12 453306	7/1/2019	6/30/2020	COVENANT CHILDRENS HOSPITAL	12/14/2020	No Cost of Charity
12 453308	1/1/2019	12/31/2019	OUR CHILDRENS HOUSE	9/18/2020	No Cost of Charity
12 453309	1/1/2019	12/31/2019	HEALTHBRIDGE CHILDRENS HOSPI	6/15/2020	No Cost of Charity
12 453311	1/1/2019	12/31/2019	SHRINERS HOSPITAL FOR CHILDRE	7/27/2020	No Cost of Charity
12 453312	1/1/2019	12/31/2019	SHRINERS HOSPITALS FOR CHILDRE	7/27/2020	No Cost of Charity
12 453313	10/1/2018	9/30/2019	EL PASO CHILDRENS HOSPITAL	3/12/2020	No Cost of Charity
12 453314	10/1/2018	9/30/2019	TEXAS SCOTTISH RITE HOSPITAL F	2/24/2020	No Cost of Charity
12 453315	7/1/2019	6/30/2020	CHILDRENS HOSPITAL OF SAN AN	12/16/2020	No Cost of Charity
12 453316	1/1/2019	12/31/2019	CHILDRENS MEDICAL CENTER OF F	9/22/2020	No Cost of Charity
12 454000	9/1/2019	8/31/2020	BIG SPRING STATE HOSPITAL	2/23/2021	No Cost of Charity
12 454006	9/1/2019	8/31/2020	TERRELL STATE HOSPITAL	2/19/2021	No Cost of Charity
12 454008	9/1/2019	8/31/2020	NTSH - WITCHITA FALLS	2/26/2021	No Cost of Charity
12 454009	9/1/2019	8/31/2020	RUSK STATE HOSPITAL	2/16/2021	No Cost of Charity
12 454011	9/1/2019	8/31/2020	SAN ANTONIO STATE HOSPITAL	2/17/2021	No Cost of Charity
12 454012	1/1/2019	12/31/2019	MILLWOOD HOSPITAL	4/17/2020	No Cost of Charity
12 454014	9/1/2019	8/31/2020	KERRVILLE STATE HOSPITAL	3/4/2021	No Cost of Charity
12 454018	1/1/2019	12/31/2019	RED RIVER HOSPITAL	6/3/2021	No Cost of Charity
12 454026	1/1/2019	12/31/2019	WEST OAKS HOSPITAL	3/18/2021	No Cost of Charity
12 454029	7/1/2019	6/30/2020	ASCENSION SETON SHOAL CREEK	1/21/2021	No Cost of Charity
12 454050	1/1/2019	12/31/2019	GLEN OAKS HOSPITAL	4/30/2020	No Cost of Charity
12 454060	1/1/2019	12/31/2019	LAUREL RIDGE HOSPITAL	5/22/2020	No Cost of Charity
12 454064	1/1/2019	12/31/2019	RIVER CREST HOSPITAL	5/27/2020	No Cost of Charity
12 454065	8/1/2019	7/31/2020	HICKORY TRAIL HOSPITAL	12/18/2020	No Cost of Charity
12 454069	1/1/2019	12/31/2019	AUSTIN LAKES HOSPITAL	11/6/2020	No Cost of Charity
12 454076	9/1/2019	8/31/2020	HARRIS CO PSYCHIATRIC CENTER	4/9/2021	No Cost of Charity
12 454083	1/1/2019	12/31/2019	INTRACARE NORTH HOSPITAL	8/26/2020	No Cost of Charity
12 454084	9/1/2019	8/31/2020	AUSTIN STATE HOSPITAL	2/12/2021	No Cost of Charity
12 454088	9/1/2019	8/31/2020	RIO GRANDE STATE CENTER	2/11/2021	No Cost of Charity
12 454094	9/1/2019	8/31/2020	MEDICAL CITY GREEN OAKS HOSP	2/17/2021	No Cost of Charity
12 454100	9/1/2019	8/31/2020	EL PASO PSYCHIATRIC CENTER	2/22/2021	No Cost of Charity
12 454101	1/1/2019	12/31/2019	ALLEGIANCE BEHAVIORAL CTR OF	10/15/2020	No Cost of Charity
12 454103	1/1/2019	12/31/2019	KINGWOOD PINES HOSPITAL	5/27/2020	No Cost of Charity
12 454104	1/1/2019	12/31/2019	UBH DENTON HOSPITAL	6/2/2020	No Cost of Charity
12 454107	1/1/2019	12/31/2019	UBH BELLAIRE HOSPITAL	5/4/2020	No Cost of Charity
12 454108	1/1/2019	12/31/2019	CYPRESS CREEK HOSPITAL	5/28/2020	No Cost of Charity
12 454109	1/1/2019	12/31/2019	UBH EL PASO HOSPITAL	4/30/2020	No Cost of Charity
12 454110	1/1/2019	12/31/2019	OCEANS BEHAV HOSP OF PERMIAN	12/16/2020	No Cost of Charity
10 454111	1/1/2019	11/2/2019	TEXAS STAR RECOVERY	4/20/2020	No Cost of Charity
12 454114	1/1/2019	12/31/2019	CEDAR CREST HOSPITAL	6/1/2020	No Cost of Charity
12 454117	1/1/2019	12/31/2019	OCEANS BEHAVIORAL HOSPITAL O	9/23/2020	No Cost of Charity
12 454118	1/1/2019	12/31/2019	LONESTAR BEHAVIORAL HEALTH	9/10/2020	No Cost of Charity
12 454119	1/1/2019	12/31/2019	CARROLLTON SPRINGS	7/22/2020	No Cost of Charity

12 454121	8/1/2019	7/31/2020		AUSTIN OAKS HOSPITAL	1/28/2021	No Cost of Charity
12 454122	1/1/2019	12/31/2019		OCEANS BEHAVIORAL HOSPITAL O	9/10/2020	No Cost of Charity
12 454123	1/1/2019	12/31/2019		OCEANS BEHAVIORAL HOSPITAL O	9/17/2020	No Cost of Charity
12 454124	1/1/2019	12/31/2019		MESA SPRINGS	7/24/2020	No Cost of Charity
				ROCK PRAIRIE BEHAVIORAL		
12 454125	1/1/2019	12/31/2019	204,082	HEALTH	7/16/2020	IMD
12 454126	1/1/2019	12/31/2019		DALLAS BEHAVIORAL HEALTHCARE	9/1/2020	No Cost of Charity
12 454127	1/1/2019	12/31/2019		ROCK SPRINGS	7/22/2020	No Cost of Charity
12 454128	1/1/2019	12/31/2019		WELLBRIDGE FORT WORTH	9/17/2020	No Cost of Charity
12 454129	1/1/2019	12/31/2019		GEORGETOWN BEHAVIORAL HEALT	5/27/2020	No Cost of Charity
12 454130	1/1/2019	12/31/2019		WELLBRIDGE PLANO	9/23/2020	No Cost of Charity
12 454131	1/1/2019	12/31/2019		WESTPARK SPRINGS	7/24/2020	No Cost of Charity
12 454132	1/1/2019	12/31/2019		SAN ANTONIO BEHAVIORAL HEALT	6/8/2020	No Cost of Charity
12 454133	1/1/2019	12/31/2019		CROSS CREEK HOSPITAL	8/26/2020	No Cost of Charity
12 454134	1/1/2019	12/31/2019		HAVEN BEHAVIORAL HOSPITAL OF	7/28/2020	No Cost of Charity
12 454135	1/1/2019	12/31/2019		HOUSTON BEHAVIORAL HEALTHCA	6/4/2020	No Cost of Charity
12 454136	1/1/2019	12/31/2019		OCEANS BEHAVIORAL HOSPITAL O	9/11/2020	No Cost of Charity
12 454137	1/1/2019	12/31/2019		WELLBRIDGE SAN MARCOS	9/9/2020	No Cost of Charity
12 454138	5/1/2019	4/30/2020		GARLAND BEHVIROAL HOSPITAL	9/16/2020	No Cost of Charity
12 454139	1/1/2019	12/31/2019		SUN BEHAVIORAL HOUSTON	6/12/2020	No Cost of Charity
12 454141	1/1/2019	12/31/2019	90,901	PALMS BEHAVIORAL HEALTH	4/22/2021	IMD
4 454142	1/1/2019	4/30/2019		SACRED OAK MEDICAL CENTER	3/3/2021	No Cost of Charity
6 454143	1/1/2019	7/1/2019		MAGNOLIA BEHAVIORAL HOSPT. O	4/14/2021	No Cost of Charity
12 454144	1/1/2019	12/31/2019		WOODLAND SPRINGS	7/22/2020	No Cost of Charity
8 454146	5/10/2019	12/31/2019		RIO VISTA BEHAVIORAL HEALTH	6/15/2020	No Cost of Charity
9 454147	3/28/2019	12/31/2019		OCEANS BEHAVIORAL HOSPITAL P.	10/5/2020	No Cost of Charity
12 670006	1/1/2019	12/31/2019		THE HOSPITAL AT WESTLAKE MED.	7/14/2020	No Cost of Charity
12 670008	1/1/2019	12/31/2019		WEBSTER SURGICAL SPECIALTY HI	9/22/2020	No Cost of Charity
12 670010	1/1/2019	12/31/2019	20,628	MAYHILL HOSPITAL	6/5/2020	IMD
12 670043	12/1/2018	11/30/2019		CEDAR PARK REGIONAL MEDICAL (7/28/2020	No Cost of Charity
12 670061	1/1/2019	12/31/2019		SOUTH TEXAS SURGICAL HOSPITA	7/22/2020	No Cost of Charity
12 670073	12/1/2018	11/30/2019		METHODIST HOSPITAL FOR SURGE	5/20/2020	No Cost of Charity
12 670076	1/1/2019	12/31/2019		HERITAGE PARK SURGICAL HOSPI	7/17/2020	No Cost of Charity
12 670078	1/1/2019	12/31/2019		BAPTIST EMERGENCY HOSPITAL	9/11/2020	No Cost of Charity
12 670090	1/1/2019	12/31/2019		CRESCENT MEDICAL CENTER LANC	9/14/2020	No Cost of Charity
12 670093	1/1/2019	12/31/2019		ASPIRE HOSPITAL LLC	10/8/2020	No Cost of Charity
12 670102	1/1/2019	12/31/2019		AD HOSPITAL EAST LLC	10/13/2020	No Cost of Charity
12 670109	1/1/2019	12/16/2019		ALTUS BAYTOWN HOSPITAL	12/4/2020	No Cost of Charity
12 670112	9/1/2019	8/31/2020		CUMBERLAND SURGICAL HOSPITAL	4/15/2021	No Cost of Charity
12 670121	1/1/2019	12/31/2019		PSG MIDCITIES MEDICAL CENTER	10/8/2020	No Cost of Charity
12 670124	1/1/2019	12/31/2019		THE HOSPITALS OF PROV HORIZO	10/26/2020	No Cost of Charity
3 670126	11/1/2018	1/31/2019		CROCKETT MEDICAL CENTER	7/9/2019	No Cost of Charity
6 670127	1/1/2019	6/30/2019		EL PASO LTAC HOSPITAL	1/30/2020	No Cost of Charity
5 670129	8/2/2019	12/31/2019		THE HEIGHTS HOSPITA	11/12/2020	No Cost of Charity
12 673025	1/1/2019	12/31/2019		POST ACUTE MEDICAL AT ALLEN	8/24/2020	No Cost of Charity
12 673027	1/1/2019	12/31/2019		CENTRAL TEXAS REHAB HOSPITAL	6/10/2020	No Cost of Charity
12 673029	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	2/11/2021	No Cost of Charity
12 673030	7/1/2019	6/30/2020		KATE DISHMAN REHAB HOSPITAL	12/8/2020	No Cost of Charity
12 673031	6/1/2019	5/31/2020		METHODIST REHABILITATION HOS	11/6/2020	No Cost of Charity
12 673032	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	2/19/2021	No Cost of Charity
12 673034	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	5/29/2020	No Cost of Charity
12 673035	1/1/2019	12/31/2019		BIR AT FORT WORTH	9/11/2020	No Cost of Charity
12 673036	6/1/2019	5/31/2020		REHABILITATION INSTITUTE OF DE	11/6/2020	No Cost of Charity
12 673038	10/1/2018	9/30/2019		MEMORIAL HERMANN REHAB HOSF	3/3/2020	No Cost of Charity
12 673039	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	2/3/2021	No Cost of Charity
12 673040	1/1/2019	12/31/2019		SRH OF SAN ANTONIO	9/16/2020	No Cost of Charity
12 673041	8/1/2019	7/31/2020		CARRUS REHABILITATION HOSPIT.	12/22/2020	No Cost of Charity
12 673042	6/1/2019	5/31/2020		ENCOMPASS HEALTH REHABILITAT	11/6/2020	No Cost of Charity
12 673043	7/1/2019	6/30/2020		ENCOMPASS HEALTH REHABILITAT	11/18/2020	No Cost of Charity
12 673044	7/1/2019	6/30/2020		ENCOMPASS HEALTH REHABILITAT	12/2/2020	No Cost of Charity
12 673045	1/1/2019	12/31/2019		MESQUITE REHABILITATION INSTI	7/8/2020	No Cost of Charity
12 673046	7/1/2019	6/30/2020		BAYLOR INSTITUTE FOR REHABILI	12/2/2020	No Cost of Charity
12 673048	1/1/2019	12/31/2019		TEXAS REHAB HOSPITAL OF FT. WI	6/10/2020	No Cost of Charity
12 673049	1/1/2019	12/31/2019		NEW BRAUNFELS REGIONAL REHAI	7/6/2020	No Cost of Charity
12 673050	10/1/2018	9/30/2019		ENCOMPASS HEALTH REHABILITAT	1/31/2020	No Cost of Charity
7 673051	1/1/2019	7/31/2019		KINDRED REHAB HOSPITAL NE HO	1/21/2020	No Cost of Charity
12 673052	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	2/22/2021	No Cost of Charity
12 673053	1/1/2019	12/31/2019		CORPUS CHRISTI REHABILITATION	7/7/2020	No Cost of Charity
12 673054	1/1/2019	12/31/2019		ENCOMPASS HEALTH REHABILITAT	2/4/2021	No Cost of Charity
12 673055	1/1/2019	12/31/2019		ACCEL REHABILITATION HOSPITAL	8/21/2020	No Cost of Charity
12 673056	1/1/2019	12/31/2019		WARM SPRINGS REHAB VICTORIA	8/27/2020	No Cost of Charity
12 673057	9/1/2019	8/31/2020		WARM SPRINGS REHAB HOSP KYLE	3/3/2021	No Cost of Charity
12 673058	5/1/2019	4/30/2020		BSW LAKEWAY	9/24/2020	No Cost of Charity
12 673059	1/1/2019	12/31/2019		LAREDO REHABILITATION HOSPIT/	7/7/2020	No Cost of Charity
12 673060	1/1/2019	12/31/2019		TEXAS REHAB HOSPITAL OF ARLIN	6/4/2020	No Cost of Charity
12 673061	6/1/2019	5/31/2020		BAY AREA REHAB HOSPITAL	11/11/2020	No Cost of Charity

12 673062	1/1/2019	12/31/2019		WEATHERFORD REABILITATION HC	10/16/2020	No Cost of Charity
12 673063	8/1/2019	7/31/2020		TRUSTPOINT REHABILITATION HO:	12/23/2020	No Cost of Charity
6 673064	4/1/2019	10/1/2019		ICARE REHABILITATION HOSPITAL	10/26/2020	No Cost of Charity
12 673065	10/1/2018	9/30/2019		CHI ST. JOSEPH HEALTH REHABILI	2/4/2021	No Cost of Charity
12 673066	10/1/2018	9/30/2019		ENCOMPASS HEALTH REHABILITAT	2/5/2020	No Cost of Charity
12 673067	6/1/2019	5/31/2020		PAM REHAB HOSPITAL CORPUS CH	11/11/2020	No Cost of Charity
12 673068	1/1/2019	12/31/2019	32,756	SUGAR LAND REHAB HOSPITAL	8/4/2020	IMD
12 673069	1/14/2019	12/31/2019		PAM REHAB HOSP OF ROUND ROCK	8/19/2020	No Cost of Charity
14 673070	7/9/2019	8/31/2020		SOUTH PLAINS REHABILITATION H	12/30/2020	No Cost of Charity
12 673071	9/24/2019	9/30/2020		ENCOMPASS HEALTH REHABILITAT	2/25/2021	No Cost of Charity
						Does not
12 670054	1/1/2019	12/31/2019	3,217	FOUNDATION SURGICAL OF SAN ANTONIO	7/20/2020	participate in Medicaid
						Does not
12 670067	1/1/2019	12/31/2019	608,042	BAYLOR ORTHOPEDIC AND SPINE HOSPITAL	7/17/2020	participate in Medicaid

#N/A	12 673055	1/1/2019	12/31/2019	1		ACCEL REHABILITATION H	8/21/2020	Not in file	No Cost of Charity
350452401	12 673056	1/1/2019	12/31/2019	1		WARM SPRINGS REHAB HI	8/27/2020	Other	No Cost of Charity
347731701	12 673057	9/1/2019	8/31/2020	1		WARM SPRINGS REHAB HI	3/3/2021	Other	No Cost of Charity
396546901	12 673058	5/1/2019	4/30/2020	1		BSW LAKEWAY	9/24/2020	Other	No Cost of Charity
350658601	12 673059	1/1/2019	12/31/2019	1		LAREDO REHABILITATION	7/7/2020	Other	No Cost of Charity
#N/A	12 673060	1/1/2019	12/31/2019	1		TEXAS REHAB HOSPITAL C	6/4/2020	Not in file	No Cost of Charity
354076701	12 673061	6/1/2019	5/31/2020	1		BAY AREA REHAB HOSPIT	11/11/2020	Other	No Cost of Charity
#N/A	12 673062	1/1/2019	12/31/2019	1		WEATHERFORD REABILITI	10/16/2020	Not in file	No Cost of Charity
358006001	12 673063	8/1/2019	7/31/2020	1		TRUSTPOINT REHABILITA	12/23/2020	Other	No Cost of Charity
#N/A	6 673064	4/1/2019	10/1/2019	2	11/2/2020	ICARE REHABILITATION H	10/26/2020	Not in file	No Cost of Charity
368423501	12 673065	10/1/2018	9/30/2019	5		CHI ST. JOSEPH HEALTH F	2/4/2021	Other	No Cost of Charity
382091201	12 673066	10/1/2018	9/30/2019	1		ENCOMPASS HEALTH REH	2/5/2020	Other	No Cost of Charity
386625301	12 673067	6/1/2019	5/31/2020	1		PAM REHAB HOSPITAL CO	11/11/2020	Other	No Cost of Charity
398846101	12 673068	1/1/2019	12/31/2019	1	32,756	SUGAR LAND REHAB HOSI	8/4/2020	Non-state	1MD
395270701	12 673069	1/14/2019	12/31/2019	1		PAM REHAB HOSP OF ROU	8/19/2020	Other	No Cost of Charity
#N/A	14 673070	7/9/2019	8/31/2020	1		SOUTH PLAINS REHABILIT	12/30/2020	Not in file	No Cost of Charity
#N/A	12 673071	9/24/2019	9/30/2020	1		ENCOMPASS HEALTH REH	2/25/2021	Not in file	No Cost of Charity

12 673062	1/1/2019	12/31/2019	1		WEATHERFORD REABILITATION	10/16/2020
12 673063	8/1/2019	7/31/2020	1		TRUSTPOINT REHABILITATION	12/23/2020
6 673064	4/1/2019	10/1/2019	2	11/2/2020	ICARE REHABILITATION	10/26/2020
12 673065	10/1/2018	9/30/2019	5		CHI ST. JOSEPH HEALTH	2/4/2021
12 673066	10/1/2018	9/30/2019	1		ENCOMPASS HEALTH REHABILITATION	2/5/2020
12 673067	6/1/2019	5/31/2020	1		PAM REHAB HOSPITAL CENTER	11/11/2020
12 673068	1/1/2019	12/31/2019	1	32,756	SUGAR LAND REHAB HOSPITAL	8/4/2020
1 673068	11/19/2018	12/31/2018	2	5/28/2020	SUGAR LAND REHAB HOSPITAL	5/14/2020
12 673069	1/14/2019	12/31/2019	1		PAM REHAB HOSP OF REHABILITATION	8/19/2020
14 673070	7/9/2019	8/31/2020	1		SOUTH PLAINS REHABILITATION	12/30/2020
12 673071	9/24/2019	9/30/2020	1		ENCOMPASS HEALTH REHABILITATION	2/25/2021

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Report type: 2552-10
Fiscal year: FYB 10/01/2018 to 09/30/2019
Status: Most Recent
State: TX
Utilization: Full
Only reports CMS published on: ALL
Reports found: 9
Reports to process: 581
Providers selected type: All
Type of extract: Custom Data Sets
Report selected: FYB 2017 S10

State of Texas
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2017

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008, the 79 Fed. Reg. 71679 dated December 3, 2014, the 82 Fed. Reg. 16114 dated April 3, 2017, and the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. Total UCC represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Fee-for-Service cross-overs, Managed Care Medicaid primary, Managed Care Medicaid cross-overs, and uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diem or cost-to-charge ratios from each hospital's most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided, except for Medicare and private insurance payments for services prior to June 2, 2017, including any supplemental Medicaid payments and Section 1011 payments where applicable.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
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 Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services (I)	Total Medicaid Uncompensated Care Costs (J)	Total IP/OP Indigent Care/Self-Pay Revenues (K)	Total Applicable Section 1011 Payments (L)	Total IP/OP Uninsured Cost of Care (M)	Total Uninsured Uncompensated Care Costs (N-M-L)	Total Eligible Uncompensated Care Costs (O)	Total In-State DSH Payments Received (P+Q)	Total Out-of-State DSH Payments Received (R)	Medicaid Provider Number (S)	Medicare Provider Number (T)	Total Hospital Cost (U)
COLLEGE STATION MEDICAL CENTER	14,890,702	34.81%	12.62%		1,738,739	4,291,865	3,372,520	9,403,124	19,531,070	10,127,946	615,573	0	5,240,365	4,624,792	14,752,738	1,323,562	0	020860501	450299	85,355,664
TEXOMA MEDICAL CENTER	24,671,706	21.96%	7.74%		13,997,181	7,418,692	6,989,953	28,405,826	40,493,278	12,087,452	1,496,827	0	14,110,604	12,613,777	24,701,229	2,679,753	0	194997601	450324	223,382,465
SAN ANGELO COMMUNITY MEDICAL CENTER	9,315,985	25.73%	4.66%		2,202,201	3,183,065	1,377,701	6,762,967	15,763,951	9,000,984	838,788	0	4,304,661	3,465,873	12,466,857	859,023	0	112693002	450340	86,615,678
BAPTIST BEADMONT HOSPITAL	31,073,676	26.59%	19.58%		8,905,126	14,712,284	19,728,885	43,346,295	48,016,071	4,669,776	733,045	0	23,312,558	22,579,513	27,249,289	4,733,254	0	094148602	450346	213,779,675
TEXAS HEALTH HARRIS METHODIST STEPHE	4,375,952	26.92%	13.89%		1,291,734	3,491,851	0	4,783,585	8,147,724	3,364,139	237,117	0	3,670,391	3,441,274	6,805,413	405,064	0	121794503	450351	39,849,934
HUNT REGIONAL MEDICAL CENTER	15,579,788	28.05%	17.78%		5,193,532	8,656,993	2,422,005	16,272,530	26,847,119	10,574,589	1,146,297	0	12,741,004	11,594,707	22,169,296	7,727,670	0	131038504	450352	120,867,053
CHILDRESS REGIONAL MEDICAL CENTER	2,049,921	40.30%	16.42%		521,574	1,278,731	891,367	2,691,672	3,587,961	896,289	101,558	0	1,029,653	928,095	1,824,384	833,474	0	133250406	450369	16,017,529

State of Texas
 Schedule of Annual Reporting Requirements (table)
 For the Medicaid State Plan Rate Year Ended September 30, 2017

Definition of Uncompensated Care: The definition of uncompensated care was based on guidance published by CMS in the 73 Fed. Reg. 77904 dated December 19, 2008, the 79 Fed. Reg. 71679 dated December 3, 2014, the 82 Fed. Reg. 16114 dated April 3, 2017, and the withdrawal of FAQs 33 and 34 by CMS on December 31, 2018. The calculated uncompensated care costs (UCC) represent the net uncompensated costs of providing inpatient and outpatient hospital services to Medicaid eligible individuals and individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The UCC for these patient groups was calculated using Medicare cost reporting methods, and utilized the most recent CMS 2552 cost report, Medicaid paid claims summaries, and hospital-provided data. Total UCC represents the net uncompensated care costs of providing inpatient and outpatient hospital services to patients that fall into one of the following Medicaid in-state and out-of-state payment categories: Fee-for-Service Medicaid primary, Fee-for-Service cross-overs, Managed Care Medicaid primary, Managed Care Medicaid cross-overs, and uninsured individuals with no source of third party coverage for the inpatient and outpatient hospital services received. The cost of services for each of these payment categories was calculated using the appropriate per diem or cost-to-charge ratios from each hospital's most recent CMS 2552 cost report. These costs were then reduced by the total payments received for the services provided, except for Medicare and private insurance payments for services prior to June 2, 2017, including any supplemental Medicaid payments and Section 1011 payments where applicable.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
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 Payments (F+G+H)	Total Cost of Care - Medicaid IP/OP Services	Total Medicaid Uncompensated Care Costs (I)	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 (N-M-L)	Total Eligible Uncompensated Care Costs (K+O)	Total In-State DSH Payments Received	Total Out-of-State DSH Payments Received	Medicaid Provider Number	Medicare Provider Number	Total Hospital Cost
HARDEMAN COUNTY HOSPITAL	743,081	13.01%	-9.21%		279,237	174,269	391,321	844,827	939,260	94,433	23,293	0	282,914	259,621	354,054	240,426	0	121692107	451352	4,899,179
OLNEY HAMILTON HOSPITAL DISTRICT	1,126,506	25.04%	16.93%		637,768	532,161	473,368	1,643,297	2,149,876	506,579	64,179	0	589,636	525,457	1,032,036	526,560	0	110856504	451354	9,161,488
MEMORIAL MEDICAL CENTER	3,685,033	29.16%	31.55%		1,511,480	1,604,685	1,775,378	4,891,543	4,309,948	(581,595)	432,791	0	2,496,770	2,063,979	1,482,384	1,156,082	0	137909111	451356	20,191,737
MEMORIAL HOSPITAL-SEMINOLE	4,780,196	35.70%	-36.34%		951,531	1,284,149	2,131,690	4,367,370	4,898,270	530,900	427,608	0	2,271,723	1,844,115	2,375,015	1,136,982	0	094121303	451358	20,356,574
OCHILTREE GENERAL HOSPITAL	1,209,533	26.26%	-4.73%		516,430	469,576	308,219	1,294,225	2,231,026	936,801	206,634	0	721,793	435,159	1,371,960	853,504	0	112704504	451359	10,386,252
JACKSON COUNTY HOSPITAL	1,599,931	14.55%	-3.19%		545,852	596,251	951,100	2,093,203	2,405,300	312,097	122,074	0	1,643,365	1,521,291	1,833,388	352,947	0	121808305	451363	9,217,471
GOLDEN PLAINS COMMUNITY HOSPITAL	4,420,626	41.28%	37.76%		839,087	2,092,749	2,777,503	5,709,339	5,746,191	36,852	290,060	0	2,602,658	2,312,598	2,349,450	309,922	0	197063401	451369	20,645,463

SFY 2017 State Owned Hospitals GME Payment

		Federal	State	Total
Master 2021 TPI as of 9.2.21	State Owned Hospitals			
112672402	The University of Texas MD Anderson Cancer Center	\$ 595,537.92	\$ 462,571.85	\$ 1,058,109.77
127278304	The University of Texas Health Science Center at Tyler	\$ 619,982.52	\$ 481,684.46	\$ 1,101,666.98
094092602	The University of Texas Medical Branch at Galveston	#####	#####	#####
175287501	UT Southwestern Clements	\$ 1,058,257.41	\$ 823,434.15	\$ 1,881,691.56
175287501	UT Southwestern Zale Lipshy	\$ 26,447.38	\$ 20,550.42	\$ 46,997.80
		#####	#####	#####

Master TPI	Medicare Number	Fiscal Year Begin ¹	Fiscal Year End	Cost Report Status	NPR (Settlement Date)	Medicaid Cost	Net Medicaid Revenue	State or local Indigent Care Program Cost	Cost of Charity Care	Does line 2 include all DSH and/or supplemental payments from Medicaid?	Hospital Name	Date Submitted	Adjusted Net Medicaid Revenue	Total DSH and Supplemental Payments included in Net Medicaid Revenue at S-10 Line 2.	DSH Subtotal	UC Subtotal	DSRIP Subtotal
Reference	S-2 Part 1 L3.00 C2.00	S-2 Part 1 L20.00 C1.00	S-2 Part 1 L20.00 C2.00	S Part 1 L5.00 C1.00	S Part 1 L10.00 C1.00	S-10 L7.00 C1.00	S-10 L2.00 C1.00	S-10 L15.00 C1.00	S-10 L23.00 C1.00	S-10 L4.00 C1.00	S-2 Part 1 L3.00 C1.00	S Part 1 L0.00 C1.00	Column H (-) Column O	DSH Column O (+) UC Column P (+) DSRIP Column Q	Column O	Column P	Column Q
412747401	450347	7/1/2019	2/27/2020	1	0	\$3,911,880	\$3,836,560	\$0	\$3,873,903	N ²	HUNTSVILLE MEMORIAL	6/29/2021	\$3,836,560	\$0	\$0.00	\$0.00	\$0.00
412747401	450347	2/28/2020	6/30/2020	1	0	\$1,996,599	\$332,737	\$0	\$4,049,434	N ³	HUNTSVILLE MEMORIAL	12/17/2020	\$332,737	\$0	\$0.00	\$0.00	\$0.00
412747401	450347	7/1/2019	6/30/2020	1	0	\$5,908,479	\$4,169,297	\$0	\$7,923,337	N2	HUNTSVILLE MEMORIAL	6/29/21 12/17/20	\$4,169,297	\$0	\$0	\$0	\$0

¹ Huntsville is including a second stub period that more accurately reflects the hospital's uncompensated charity care cost. Due to a change in ownership during Quarter 2 of FFY 2019, Huntsville has one stub period that covers approximately six (6) months under previous ownership and a second stub period covering approximately four (4) months under current ownership. HISC should consider including the amounts for both stub periods when reassessing and resizing the Uncompensated Care (UC) Pool to maximize future demonstration payments. Although the second stub period does not start in FFY 2019, Huntsville believes combining the stub period amounts is appropriate as it captures a full 12-month period, accounts for upward trending costs, and aligns with the cost report period for the hospital's D111 UC Application.

² For the first stub period ending on 2/21/2020, Huntsville incorrectly answered "Yes" to "Does line 2 include all DSH and/or supplemental payments from Medicaid?" at WS S-10 | Line 4 of the Medicare Cost Report filed on 6/29/2021. Huntsville revised Column K of this file to "N", indicating the calculation of Net Medicaid Revenue for WS S-10 | Line 2 does not include DSH and/or supplemental payments from Medicaid.

³ For the second stub period ending on 6/30/2020, Huntsville did not provide an answer to "Does line 2 include all DSH and/or supplemental payments from Medicaid?" at WS S-10 | Line 4 of the Medicare Cost Report filed on 12/17/2020. Huntsville responded "N" to Column K of this file after confirming that the calculation of Net Medicaid Revenue for WS S-10 | Line 2 does not include DSH and/or supplemental payments from Medicaid.