

Sort by Number of Beds

RECAP OF PATIENT EXPENSE AND RATE CALCULATION

Description	Total	1 - 99	100 - 199	200+
Fixed				
Total Expenses	19.67	24.97	0.00	15.85
Interest/Deprctn/Rent	-14.07	-17.40	0.00	-11.66
Capital Retn Fact-Owner's	0.00	0.00	0.00	0.00
Capital Return Factor	8.10	12.44	0.00	4.96
Own/Rel-Prty/Mgmt Limit	-0.76	-1.82	0.00	0.00
Owner's Expense Limit	0.00	0.00	0.00	0.00
Staffing Limit	0.00	0.00	0.00	0.00
Total Adjusted Expense	12.94	18.20	0.00	9.14
Fixed Patient Days	40,034	23,890	0	72,322
Fixed Cost Per Diem Exp	14.57	17.79	0.00	8.12
Variable				
Total Expenses	151.64	145.24	0.00	156.26
Working Cap Int Limit	0.00	0.00	0.00	0.00
Own/Rel-Prty/Mgmt Limit	-0.48	-1.14	0.00	0.00
Owner's Expense Limit	0.00	0.00	0.00	0.00
Staffing Limit	0.00	0.00	0.00	0.00
Total Adjusted Expense	151.16	144.10	0.00	156.26
Variable Patient Days	36,860	23,181	0	64,220
Variable Cost Per Diem Exp	148.15	144.10	0.00	156.26
Rate Recap				
Total Per Diem Expense	162.72	161.89	0.00	164.38
Profit Add-On	18.88	19.27	0.00	18.11
Per Diem Expense & Profit	181.60	181.16	0.00	182.49
Maximum Annual Limit	0.00	0.00	0.00	0.00
Private Pay Rate	201.23	200.00	0.00	203.70
Requested Rate	201.23	200.00	0.00	203.70
Overall Rate Limit	179.70	179.82	0.00	179.46
Rate Reduction	1.38	1.38	0.00	1.38
Per Diem Rate	178.32	178.44	0.00	178.08
Assessment				
Total Annual Revenue	6,485,053.00	4,087,933.00	0.00	11,279,294.00
5.50% Assessment	356,678.00	224,836.00	0.00	620,361.00
Monthly Assessment	29,723.00	18,736.00	0.00	51,697.00

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RECAP OF PATIENT EXPENSE AND RATE CALCULATION

Description	Total	1 - 99	100 - 199	200+
No. of Occurrences				
Working Cap Int Limit	0	0	0	0
Own/Rel-Prty/Mgmt Limit	2	2	0	0
Owner's Expense Limit	0	0	0	0
Staffing Limit	0	0	0	0
Per Diem Expense & Profit	3	2	0	1
Maximum Annual Limit	0	0	0	0
Private Pay Rate	0	0	0	0
Requested Rate	0	0	0	0
Overall Rate Limit	0	0	0	0
No. of Providers	3	2	0	1