

Oklahoma Healthcare Authority- Nursing Home Facility Cost Report-State Fiscal Year June 30,2018

FAC ID	FACILITY NAME	FACILITY TYPE	MEDICARE DAYS	MEDICAID DAYS	OTHER DAYS	TOTAL DAYS	AVAILABLE DAYS	OCCUPANCY RATE	SALARIES & WAGES	OUTSIDE PROFESSIONAL FEES	EMPLOYEE EXPENSES	TAXES (NON-PAYROLL)	OFFICE EXPENSES	INSURANCE EXPENSES	GENERAL EXPENSES	DRUGS & MEDICAL SUPPLIES	CAPITAL RELATED EXPENSES	ADMINISTRATIVE SERVICES	OTHER EXPENSES	TOTAL EXPENSES	SFY2018 COST PER DAY
170	BILLINGS FAIRCHILD CENTER	ICF/MR	-	46,890	-	46,890	56,210	83.42%	\$ 2,894,812.00	\$ 207,837.00	\$ 547,587.00	\$ 15,586.00	\$ 194,456.00	\$ 101,645.00	\$ 576,861.00	\$ 146,752.00	\$ 97,997.00	\$ 220,850.00	\$ 396,679.00	\$ 5,401,062.00	\$ 115.19
296	CENTER OF FAMILY LOVE	ICF/MR	-	7,332	-	7,332	11,680	62.77%	\$ 573,147.00	\$ 14,751.00	\$ 117,455.00	\$ 1,367.00	\$ 30,391.00	\$ 13,846.00	\$ 101,789.00	\$ 18,792.00	\$ 129,943.00	\$ -	\$ 216,480.00	\$ 1,217,961.00	\$ 166.12
56	HAYS HOUSE	ICF/MR	-	18,001	-	18,001	40,880	44.03%	\$ 1,056,069.00	\$ 50,293.00	\$ 141,777.00	\$ -	\$ 99,791.00	\$ -	\$ 261,422.00	\$ 37,200.00	\$ 111,652.00	\$ 108,000.00	\$ 149,779.00	\$ 2,015,983.00	\$ 111.99
197	LAKE DRIVE HEALTH CARE	ICF/MR	-	21,284	-	21,284	21,900	97.19%	\$ 1,162,936.00	\$ 55,953.00	\$ 174,791.00	\$ 7,320.00	\$ 123,429.00	\$ 71,274.00	\$ 198,115.00	\$ 29,493.00	\$ 165,930.00	\$ 155,899.00	\$ 161,942.00	\$ 2,307,082.00	\$ 108.40
370	OAKRIDGE HOME	ICF/MR	-	38,673	-	38,673	58,400	66.22%	\$ 2,046,310.00	\$ 107,468.00	\$ 293,430.00	\$ -	\$ 183,919.00	\$ -	\$ 521,248.00	\$ 71,321.00	\$ 234,201.00	\$ 132,000.00	\$ 285,531.00	\$ 3,875,428.00	\$ 100.21
1	OKMULGEE TERRACE	ICF/MR	-	17,175	303	17,478	22,995	76.01%	\$ 927,559.00	\$ 76,370.00	\$ 135,742.00	\$ -	\$ 61,483.00	\$ -	\$ 200,493.00	\$ 29,116.00	\$ 111,466.00	\$ 108,000.00	\$ 148,938.00	\$ 1,799,167.00	\$ 102.94
120	RELIANT LIVING CENTER	ICF/MR	-	23,324	-	23,324	24,820	93.97%	\$ 1,867,269.14	\$ 46,820.10	\$ 285,542.30	\$ 380.00	\$ 84,388.87	\$ 25,578.87	\$ 271,260.79	\$ 88,126.92	\$ 61,359.60	\$ -	\$ 202,289.35	\$ 2,933,015.94	\$ 125.75
115	WESTVIEW LIVING CENTER	ICF/MR	-	22,029	27	22,056	25,915	85.11%	\$ 1,289,385.00	\$ 268,858.00	\$ 295,815.00	\$ 10,886.00	\$ 117,426.00	\$ 30,969.00	\$ 216,328.00	\$ 42,427.00	\$ 125,419.00	\$ -	\$ 231,737.00	\$ 2,629,250.00	\$ 119.21
175	WOODLAND PARK HOME	ICF/MR	-	16,150	2	16,152	36,865	43.81%	\$ 960,713.74	\$ 67,403.80	\$ 122,276.06	\$ 937.50	\$ 93,924.98	\$ 28,319.23	\$ 140,888.09	\$ 13,751.96	\$ 3,688.85	\$ 16,249.84	\$ 122,773.80	\$ 1,570,927.85	\$ 97.26
	REGULAR ICF/IID TOTAL'S		-	210,858	332	211,190	299,665	70.48%	\$ 12,778,200.88	\$ 895,753.90	\$ 2,114,415.36	\$ 36,476.50	\$ 989,208.85	\$ 271,632.10	\$ 2,488,404.88	\$ 476,979.88	\$ 1,041,656.45	\$ 740,998.84	\$ 1,916,149.15	\$ 23,749,876.79	\$ 112.46

State of Oklahoma
Oklahoma Health Care Authority
Nursing Home Facility Cost Report Summary
Regular ICF/IID Facilities SFY 08 thru SFY 18 Cost Comparison

1/18/2019	SFY 2018	SFY 2017	SFY 2016	SFY 2015	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	SFY 2009	SFY 2008
Available Patient Days:	299,665	300,030	299,156	296,345	298,710	298,282	305,364	304,911	304,775	332,949	336,024
Total Patient Days:	211,190	214,650	212,589	213,984	217,722	218,724	225,124	223,163	219,830	231,416	235,837
Medicaid Days:	210,858	214,365	212,223	213,375	217,275	218,312	224,605	222,078	219,308	229,938	230,361
Medicare Days:	-	-	-	-	-	-	-	-	-	-	-
Other Days:	332	285	366	609	447	412	519	1,085	522	1,478	5,476
Occupancy %:	70.48%	71.54%	71.06%	72.21%	72.89%	73.33%	73.72%	73.19%	72.13%	69.50%	70.18%
% of Medicaid:	99.84%	99.87%	99.83%	99.72%	99.79%	99.81%	99.77%	99.51%	99.76%	99.36%	97.68%

Description:	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day
Salaries & Wages:	\$ 60.51	\$ 59.61	\$ 62.65	\$ 61.78	\$ 63.36	\$ 62.49	\$ 62.79	\$ 61.38	\$ 65.60	\$ 64.91	\$ 62.04	
Outside Professional Fees:	\$ 4.24	\$ 4.40	\$ 4.98	\$ 3.62	\$ 3.03	\$ 2.63	\$ 2.45	\$ 2.27	\$ 2.24	\$ 3.20	\$ 2.47	
Employee Expenses:	\$ 10.01	\$ 10.75	\$ 11.40	\$ 11.56	\$ 10.53	\$ 10.82	\$ 11.33	\$ 10.77	\$ 10.48	\$ 10.56	\$ 10.96	
Taxes (Non-Payroll):	\$ 0.17	\$ 0.36	\$ 0.30	\$ 0.27	\$ 0.46	\$ 0.54	\$ 0.47	\$ 0.51	\$ 0.49	\$ 0.46	\$ 0.49	
Office Expenses:	\$ 4.68	\$ 4.52	\$ 4.42	\$ 4.49	\$ 5.05	\$ 4.57	\$ 4.62	\$ 4.54	\$ 4.31	\$ 4.70	\$ 4.58	
Insurance:	\$ 1.29	\$ 1.49	\$ 1.43	\$ 1.52	\$ 1.35	\$ 1.39	\$ 1.34	\$ 1.37	\$ 1.27	\$ 1.40	\$ 1.34	
General Expenses:	\$ 11.78	\$ 12.50	\$ 13.34	\$ 13.60	\$ 14.05	\$ 13.45	\$ 13.35	\$ 11.99	\$ 12.49	\$ 12.52	\$ 12.13	
Drugs & Medical Supplies:	\$ 2.26	\$ 2.65	\$ 2.71	\$ 2.63	\$ 2.55	\$ 2.30	\$ 2.50	\$ 2.29	\$ 2.12	\$ 2.04	\$ 1.91	
Capital Related Cost:	\$ 4.93	\$ 4.87	\$ 4.80	\$ 4.93	\$ 4.28	\$ 4.63	\$ 5.24	\$ 5.34	\$ 7.10	\$ 7.07	\$ 6.70	
Administrative Services:	\$ 3.51	\$ 3.24	\$ 3.53	\$ 3.63	\$ 4.28	\$ 4.67	\$ 5.12	\$ 5.20	\$ 5.43	\$ 5.05	\$ 5.03	
Other Expenses:	\$ 9.07	\$ 9.21	\$ 9.19	\$ 9.16	\$ 8.34	\$ 8.02	\$ 7.83	\$ 8.02	\$ 7.85	\$ 8.01	\$ 8.69	
Total:	\$ 112.46	\$ 113.61	\$ 118.74	\$ 117.17	\$ 117.26	\$ 115.51	\$ 117.04	\$ 113.68	\$ 119.38	\$ 119.92	\$ 116.34	

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**1/18/2019 Nursing Home Facility Cost Report Summary
Regular ICF/IID Facilities State Fiscal Year June 30, 2018**

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Summary

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
Occupancy %:	70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Salaries & Wages:	\$ 12,778,200.88	\$ 60.51
Outside Professional Fees:	\$ 895,753.90	\$ 4.24
Employee Expenses:	\$ 2,114,415.36	\$ 10.01
Taxes (Non-Payroll):	\$ 36,476.50	\$ 0.17
Office Expenses:	\$ 989,208.85	\$ 4.68
Insurance:	\$ 271,632.10	\$ 1.29
General Expenses:	\$ 2,488,404.88	\$ 11.78
Drugs & Medical Supplies:	\$ 476,979.88	\$ 2.26
Capital Related Cost:	\$ 1,041,656.45	\$ 4.93
Administrative Services:	\$ 740,998.84	\$ 3.51
Other Expenses:	\$ 1,916,149.15	\$ 9.07
Total:	\$ 23,749,876.79	\$ 112.46

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Salaries and Wages

SFY 18

Available Patient Days: 299,665
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Medicare Days: -
Other Days: 332

Occupancy %: 70.48%
% of Medicaid: 99.84%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Registered Nurses:	\$ 98,932.32	2,578	\$ 0.47	0.01	\$ 38.38
Licensed Practical Nurses:	\$ 1,638,270.38	77,846	\$ 7.76	0.37	\$ 21.05
Director of Nursing:	\$ 449,423.70	17,927	\$ 2.13	0.08	\$ 25.07
Nurse Aides:	\$ 4,616,558.07	478,157	\$ 21.86	2.26	\$ 9.65
CMA Aides:	\$ 1,335,540.78	112,337	\$ 6.32	0.53	\$ 11.89
QMRP'S (ICF-MR Only):	\$ 607,663.60	25,605	\$ 2.88	0.12	\$ 23.73
Medical Director:	\$ -	-	\$ -	-	\$ -
Physical Therapist:	\$ 3,076.88	44	\$ 0.01	0.00	\$ 69.93
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ 552,439.36	17,924	\$ 2.62	0.08	\$ 30.82
Assistant Administrator:	\$ 17,603.00	832	\$ 0.08	0.00	\$ 21.16
Accountant/Bookkeeper:	\$ 62,408.00	2,501	\$ 0.30	0.01	\$ 24.95
Other Office Staff:	\$ 345,139.99	29,276	\$ 1.63	0.14	\$ 11.79
Soc Serv Dir/Soc Worker:	\$ 59,672.00	2,080	\$ 0.28	0.01	\$ 28.69
Other Soc Serv Staff:	\$ 310,114.00	24,220	\$ 1.47	0.11	\$ 12.80
Activities Director:	\$ 8,418.00	632	\$ 0.04	0.00	\$ 13.32
Other Activities Staff:	\$ 127,958.00	15,311	\$ 0.61	0.07	\$ 8.36
Comb Soc Serv/Activities:	\$ -	-	\$ -	-	\$ -
Dietician:	\$ 77,518.00	5,043	\$ 0.37	0.02	\$ 15.37
Other Dietary Staff:	\$ 1,072,876.83	114,527	\$ 5.08	0.54	\$ 9.37

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Salaries and Wages

SFY 18

Available Patient Days:	299,665
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Medicare Days:	-
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Occupancy %:	70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Housekeeping Supervisor:	\$ 59,637.00	4,516	\$ 0.28	0.02	\$ 13.21
Housekeeping Staff:	\$ 563,784.45	64,145	\$ 2.67	0.30	\$ 8.79
Maintenance Supervisor:	\$ 98,541.00	6,126	\$ 0.47	0.03	\$ 16.09
Maintenance Staff:	\$ 344,086.12	25,189	\$ 1.63	0.12	\$ 13.66
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ 263,307.93	31,070	\$ 1.25	0.15	\$ 8.47
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ 65,231.47	4,466	\$ 0.31	0.02	\$ 14.61
Total Salaries & Wages:	\$ 12,778,200.88	1,062,352	\$ 60.51	5.03	\$ 12.03

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Outside Professional Fees

SFY18

Available Patient Days: 299,665

Total Patient Days: 211,190

Medicaid Days: 210,858

Medicare Days: -

Other Days: 332

Occupancy %: 70.48%

% of Medicaid: 99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 13,488.00	\$ 0.06
Contract Lic. Practical Nurse:	\$ 65,109.00	\$ 0.31
Contract Nurse Aides:	\$ 653.16	\$ 0.00
Medical Director:	\$ 99,710.00	\$ 0.47
Therapists:	\$ 73,917.06	\$ 0.35
Consulting Social Worker:	\$ 36,950.00	\$ 0.17
Dietician:	\$ 40,891.80	\$ 0.19
Pharmacist:	\$ 52,036.00	\$ 0.25
Dentist:	\$ 2,793.00	\$ 0.01
Accountants:	\$ 197,066.11	\$ 0.93
Legal:	\$ 21,989.00	\$ 0.10
Housekeeping:	\$ -	\$ -
Maintenance:	\$ 1,974.00	\$ 0.01
Other:	\$ 278,915.88	\$ 1.32
Computer Programmer:	\$ 10,260.89	\$ 0.05
Total O/S Professional:	\$ 895,753.90	\$ 4.24

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Employee Expenses

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
 Occupancy %:	 70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<u>Employee Benefits and Payroll Related Expenses</u>		
Fica:	\$ 984,906.70	\$ 4.66
Unemployment Compensation Tax:	\$ 63,874.59	\$ 0.30
Workman's Compensation Insurance:	\$ 442,394.71	\$ 2.09
Group Health Dental Insurance:	\$ 351,880.31	\$ 1.67
Life Insurance:	\$ 541.00	\$ 0.00
Retirement and Pension:	\$ 11,266.00	\$ 0.05
Other Employee Benefits:	\$ 162,587.05	\$ 0.77
<u>Staff Development and Training</u>		
Nurse Aide Competency Evaluation:	\$ 31,470.00	\$ 0.15
Other Licensed Direct Care Training:	\$ 31,671.00	\$ 0.15
Other:	\$ 33,824.00	\$ 0.16
Total	\$ 2,114,415.36	\$ 10.01

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Taxes Non-Payroll Related

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332

Occupancy %:	70.48%
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% of Medicaid:	99.84%
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<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ 2,031.00	\$ 0.01
Corporation License:	\$ 1,367.00	\$ 0.01
Ad Valorem:	\$ 28,749.00	\$ 0.14
Auto Tag/Registration:	\$ 3,519.50	\$ 0.02
Other:	\$ 810.00	\$ 0.00
Total Taxes Non-Payroll	\$ 36,476.50	\$ 0.17

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Office Expense

SFY18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
 Occupancy %:	 70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 178,923.35	\$ 0.85
Office Phone:	\$ 81,060.18	\$ 0.38
Office Utilities:	\$ 729,225.32	\$ 3.45
Total Office Expense:	\$ 989,208.85	\$ 4.68

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Insurance Non-Payroll

SFY 18

Available Patient Days: 299,665

Total Patient Days: 211,190

Medicaid Days: 210,858

Medicare Days: -

Other Days: 332

Occupancy %: 70.48%

% of Medicaid: 99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 78,752.69	\$ 0.37
Automobile Insurance:	\$ 31,717.00	\$ 0.15
Other Insurance:	\$ 161,162.41	\$ 0.76
Total Insurance Expense:	\$ 271,632.10	\$ 1.29

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General Expenses

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
 Occupancy %:	 70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 21,158.80	\$ 0.10
Public Relations:	\$ 50,015.00	\$ 0.24
Automobile Expense:	\$ 126,061.19	\$ 0.60
Maintenance:	\$ 390,758.95	\$ 1.85
Laundry and Linen:	\$ 116,151.89	\$ 0.55
Housekeeping Supplies:	\$ 199,411.02	\$ 0.94
Food and Kitchen Supplies:	\$ 1,505,158.71	\$ 7.13
Social Services Supplies:	\$ 79,689.32	\$ 0.38
Total General Expenses:	\$ 2,488,404.88	\$ 11.78

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Drugs & Medical Supplies

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
Occupancy %:	70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 325,896.15	\$ 1.54
Over-the-Counter Medication:	\$ 141,653.12	\$ 0.67
Special Adaptive Medical Equip:	\$ 9,430.61	\$ 0.04
Total Drugs & Medical:	\$ 476,979.88	\$ 2.26

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Regular ICF/MR Facilities

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Capital Related Cost

SFY 18

Available Patient Days: 299,665

Total Patient Days: 211,190

Medicaid Days: 210,858

Medicare Days: -

Other Days: 332

Occupancy %: 70.48%

% of Medicaid: 99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 53,272.17	\$ 0.25
Facility Rent/Lease:	\$ 718,680.00	\$ 3.40
Interest Expense:	\$ 8,216.00	\$ 0.04
 <u>Depreciation Summary</u>		
Building & Improvements:	\$ 98,029.68	\$ 0.46
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ 4,976.00	\$ 0.02
Equipment:	\$ 158,482.60	\$ 0.75
Total Depreciation:	\$ 261,488.28	\$ 1.24
Total Capital Related Costs:	\$ 1,041,656.45	\$ 4.93

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Administrative Services

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
 Occupancy %:	 70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ 493,566.00	\$ 2.34
Owner's Non-Salary Compensation:	\$ -	\$ -
Owner's Salaries Paid:	\$ 224,922.84	\$ 1.07
Benefits on Owner's Salaries:	\$ 12,177.00	\$ 0.06
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ 10,333.00	\$ 0.05
Total Administrative Services:	\$ 740,998.84	\$ 3.51

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Other Expenses

SFY 18

Available Patient Days:	299,665
Total Patient Days:	211,190
Medicaid Days:	210,858
Medicare Days:	-
Other Days:	332
Occupancy %:	70.48%
% of Medicaid:	99.84%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ 459.00	\$ 0.00
Provider Fees:	\$ 1,572,330.84	\$ 7.45
Other Costs:	\$ 343,359.31	\$ 1.63
Total Other Costs:	\$ 1,916,149.15	\$ 9.07