

Plan Name: _____

Region: _____

SCHEDULE G
**DISTRIBUTION OF PROJECTED HOSPITAL
 COST AND UTILIZATION ***

Select reporting by A or B:

A. Per Diems _____

B. Discharges _____

	HOSPITAL	Average Per Diem/ Cost Per Discharge	Number Inpatient Days/ Admissions	Total Projected Cost
1 .				
2 .				
3 .				
4 .				
5 .				
6 .				
7 .				
8 .				
9 .				
10 .				
11 .	** OTHER			
	Total/Average Cost Per Diem/Discharge			
	Total Number of Admissions/Discharges			

* Use inpatient per diem or discharge rates according to the predominate payment arrangement used by the plan.

** Hospitals representing less than 10% of total inpatient utilization should be grouped and reported as "Other".

Note: If the plan subcapitates for inpatient services, then those hospitals should also be reflected in the above utilization.