

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARK PLACE NURSING FACILITY Prvdr ID: 00002164A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 27.71% Nurse Hours per On-Site Day/Quality Incentive: 3.41		<u>Facility Score</u> 3.41	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4488 Quarterly Medicaid CMI: 1.7849 Qtrly Mcaid CMI w RUG Wght Options: 1.8192			<u>Facility Specific</u> 1.4488 1.7849 1.8192	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,970,481	\$5,416,106	\$0	\$1,285,023	\$1,166,712	\$0	\$1,824,754		\$277,886	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$533,415		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,929
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,864,334	\$5,336,819	\$0	\$1,285,023	\$1,170,665	\$1,997	\$1,260,020	\$533,415	\$163,466	\$112,929
11	Total Nursing Facility Days As Filed Days = 47,089	FY21 Audited C/R Days	47,089									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,089	FY21 GL-PL Ins Rpt Days								47,089		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.48	\$113.33	\$0.00	\$27.29	\$24.90	(with L&H)	\$26.76	\$11.33	\$3.47	\$2.40
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4488								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.22								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.22	\$0.00	\$27.29	\$24.90		\$26.76	\$11.33	\$3.47	\$2.40
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.73	\$78.22	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8192								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.30								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.81	\$142.30	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.12	\$7.12								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.95	\$9.07	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$274.76	\$151.37	\$0.00	\$26.82	\$25.31	\$0.00	\$44.23	\$11.33	\$13.30	\$2.40
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NEWNAN HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00040719A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5298	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		23.40%	1.0%	Quarterly Medicaid CMI:			1.3714	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.43	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3934	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$0	(\$729)	(\$100,987)		(\$16,861)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,160		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905	\$0	\$557,676	\$664,202	(\$729)	\$977,917	\$108,160	\$200,151	\$16,861
8	Total Nursing Facility Days As Filed Days = 23,962	FY21 Audited C/R Days	23,962									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,962	FY21 GL-PL Ins Rpt Days								23,962		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.45	\$128.12	\$0.00	\$23.27	\$27.69	(with L&H)	\$40.81	\$4.51	\$8.35	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5298								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.75	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.48	\$83.75	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3934								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.43	\$116.70	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.27	\$7.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.70	\$124.24	\$0.00	\$23.49	\$28.10	\$0.00	\$54.01	\$4.51	\$13.65	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERVIEW HEALTH & REHAB CTR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040741A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4615	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		26.77%	1.0%	Quarterly Medicaid CMI:			1.4654	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4903	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$2,189,973		\$1,272,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$584,980)	\$0	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$483,548		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$101,432
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$1,706,425	\$483,548	\$1,170,622	\$101,432
8	Total Nursing Facility Days As Filed Days = 51,330	FY21 Audited C/R Days	51,330									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,330	FY21 GL-PL Ins Rpt Days								51,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$260.80	\$146.38	\$0.00	\$24.79	\$22.18	(with L&H)	\$33.24	\$9.42	\$22.81	\$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4615								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$100.16	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94 (FRV)	\$1.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.37	\$99.82	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4903								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.31	\$148.76	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.47	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$276.78	\$153.23	\$0.00	\$25.01	\$22.59	\$0.00	\$33.61	\$9.42	\$30.94	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE WILLIAM BREMAN JEWISH HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040752A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6719	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		39.47%	2.5%	Quarterly Medicaid CMI:			1.4473	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.17	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4699	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,480,066		\$947,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,615)	\$0	\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$137,727		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,888
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4,610,927	\$0	\$1,501,114	\$1,278,081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888
8	Total Nursing Facility Days As Filed Days = 25,930	FY21 Audited C/R Days	25,930									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,930	FY21 GL-PL Ins Rpt Days								25,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$378.62	\$177.82	\$0.00	\$57.89	\$49.29	(with L&H)	\$51.77	\$5.31	\$35.12	\$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6719								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.36	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.58	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4699								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$277.49	\$146.73	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$8.07	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$302.66	\$154.80	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SIGNATURE HEALTHCARE OF BUCKHEAD Prvdr ID: 00040763A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.00% Nurse Hours per On-Site Day/Quality Incentive: 3.92		<u>Facility Score</u> 3.92	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8411 Quarterly Medicaid CMI: 1.8703 Qtrly Mcaid CMI w RUG Wght Options: 1.9069			<u>Facility Specific</u> 1.8411 1.8703 1.9069	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$144,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$97,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786
8	Total Nursing Facility Days As Filed Days = 44,926	FY21 Audited C/R Days	44,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,926	FY21 GL-PL Ins Rpt Days								44,926		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8411								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.64	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97 (FRV)	\$2.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.46	\$82.64	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9069								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.41	\$157.59	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.94	\$3.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.30	\$6.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.50	\$10.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$282.91	\$168.36	\$0.00	\$17.98	\$26.20	\$0.00	\$54.01	\$3.21	\$10.97	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.36									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor Methodist Nursing Center Prvdr ID: 00040785A H/B ?: No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 4.37		Facility Score N/A 33.3% 4.37	Add-on Percent 0.00% 2.5% 4.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.6909 Quarterly Medicaid CMI: 1.6087 Qtrly Mcaid CMI w RUG Wght Options: 1.6410			Facility Specific 1.6909 1.6087 1.6410	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) <u>Allowed @ 95% of Std</u> Growth Allowance 0.0% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.53	1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.00	2 <i>Freestanding</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.22	1 <i>All Facilities</i> <i>All Bed Sizes</i> 85.0% 100.0% \$0.41	1 <i>All Facilities</i> <i>All Bed Sizes</i> 50.0% 105.0% \$0.37				
			\$219.62	\$99.82		\$26.82	\$33.28		\$36.91	\$ 224,177	\$31.24	\$1.39
			\$0.00	\$0.00		\$25.48	\$31.62		\$35.06	57,067	\$31.24	\$1.39
			\$223.55	\$94.83		\$0.00	\$0.00		\$0.00			
				\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
				1.6410							(FRV Rate)	
				\$155.62								
			\$284.60	\$155.62		\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
				\$3.89	\$3.89							
			\$6.22	\$6.22								
			\$0.00						0.00			
			\$10.12									
	Quarterly Case Mix Based Per Diem Rate		\$294.71	\$165.73		\$25.48	\$31.62		\$35.06	\$4.19	\$31.24	\$1.39
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$221.03										

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINE VIEW NURSING AND REHAB CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00040796A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3658	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.00%	2.5%	Quarterly Medicaid CMI:			1.8243	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8576	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$273,620		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,078,052	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$596,018	\$273,620	\$224,116	\$36,531
8	Total Nursing Facility Days As Filed Days = 19,797	FY21 Audited C/R Days	19,797									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,797	FY21 GL-PL Ins Rpt Days								19,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	(with L&H)	\$30.11	\$13.82	\$11.32	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3658								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.11	\$75.56	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8576								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.91	\$140.36	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.51	\$3.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.21	\$4.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.35	\$8.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.26	\$148.61	\$0.00	\$21.24	\$25.09	\$0.00	\$47.58	\$13.82	\$9.07	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN VIEW HEALTH AND REHAB Prvdr ID: 00040807A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 32.79% Nurse Hours per On-Site Day/Quality Incentive: 3.10		<u>Facility Score</u> 3.10	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6274 Quarterly Medicaid CMI: 1.8007 Qtrly Mcaid CMI w RUG Wght Options: 1.8329			<u>Facility Specific</u> 1.6274 1.8007 1.8329	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,319		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137
8	Total Nursing Facility Days As Filed Days = 31,639	FY21 Audited C/R Days	31,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,639	FY21 GL-PL Ins Rpt Days								31,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6274								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.44	\$46.12	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8329								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.85	\$84.53	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.91	\$5.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.76	\$89.71	\$0.00	\$12.27	\$16.64	\$0.00	\$54.01	\$1.34	\$9.39	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: A.G. RHODES HOME WESLEY WOODS Prvdr ID: 00040818A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9697	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		42.47%	2.5%	Quarterly Medicaid CMI:			1.6428	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		4.12	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6703	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,482,790	\$7,228,606	\$0	\$1,422,061	\$1,457,962	\$0	\$2,879,146		\$495,015	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$312,440)	(\$67,765)	\$0	\$0	\$0	(\$2,930)	(\$191,886)		(\$49,859)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,886		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$49,859
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,412,095	\$7,160,841	\$0	\$1,422,061	\$1,457,962	(\$2,930)	\$2,687,260	\$191,886	\$445,156	\$49,859
8	Total Nursing Facility Days As Filed Days = 42,172	FY21 Audited C/R Days	42,172									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,172	FY21 GL-PL Ins Rpt Days								42,172		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$318.03	\$169.80	\$0.00	\$33.72	\$34.50	(with L&H)	\$63.72	\$4.55	\$10.56	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9697								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.21	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.03	\$86.21	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6703								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.82	\$144.00	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.20	\$7.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.43	\$11.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$291.25	\$155.33	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.55	\$16.08	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUSTELL				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059276A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6540	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	31.94%	2.5%	Quarterly Medicaid CMI:			1.7569	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	4.10	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7896	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,107,137	\$4,337,535	\$0	\$819,528	\$840,605	\$0	\$1,640,508		\$468,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$618,525)	(\$123,162)	\$0	\$0	(\$4,384)	(\$4,303)	(\$423,168)		(\$63,508)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$539,088		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,204
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,079,904	\$4,214,373	\$0	\$819,528	\$836,221	(\$4,303)	\$1,217,340	\$539,088	\$405,453	\$52,204
8	Total Nursing Facility Days As Filed Days = 39,749	FY21 Audited C/R Days	39,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,749	FY21 GL-PL Ins Rpt Days								39,749		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.27	\$106.02	\$0.00	\$20.62	\$20.93	(with L&H)	\$30.63	\$13.56	\$10.20	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6540								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.10								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.46	\$64.10	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7896								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.07	\$114.71	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.38	\$10.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.45	\$124.99	\$0.00	\$20.84	\$21.34	\$0.00	\$48.10	\$13.56	\$13.31	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NORTHRIDGE HEALTH AND REHABILITATION Prvdr ID: 00059331A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.26% Nurse Hours per On-Site Day/Quality Incentive: 2.62		<u>Facility Score</u> 2.62	<u>Add-on Percent</u> 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4632 Quarterly Medicaid CMI: 1.3222 Qtrly Mcaid CMI w RUG Wght Options: 1.3417			<u>Facility Specific</u> 1.4632 1.3222 1.3417	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,398,513	\$3,241,152	\$0	\$621,073	\$847,062	\$0	\$1,079,898		\$609,328	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$60,065)	\$37,744	\$0	\$9,241	\$0	\$9,471	(\$104,086)		(\$12,435)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,840		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,435
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,437,723	\$3,278,896	\$0	\$630,314	\$847,062	\$9,471	\$975,812	\$86,840	\$596,893	\$12,435
8	Total Nursing Facility Days As Filed Days = 28,402	FY21 Audited C/R Days	28,402									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,402	FY21 GL-PL Ins Rpt Days								28,402		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.68	\$115.45	\$0.00	\$22.19	\$30.16	(with L&H)	\$34.36	\$3.06	\$21.02	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4632								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.09	\$78.91	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	16.97 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.09	\$78.91	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3417								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.05	\$105.87	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$16.97	\$0.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.29	\$5.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.98	\$6.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.03	\$112.75	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$16.97	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE BELL MINOR HOME Prvdr ID: 00059397A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 27.69% Nurse Hours per On-Site Day/Quality Incentive: 3.52		<u>Facility Score</u> 3.52	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7042 Quarterly Medicaid CMI: 1.6448 Qtrly Mcaid CMI w RUG Wght Options: 1.6778			<u>Facility Specific</u> 1.7042 1.6448 1.6778	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,703,141	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,357,015		\$1,964,449	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,312)	\$0	\$0	\$0	\$0	\$0	(\$216,206)		(\$65,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,748		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,696,683	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,140,809	\$209,748	\$1,899,343	\$65,106
8	Total Nursing Facility Days As Filed Days = 28,745	FY21 Audited C/R Days	28,745									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,745	FY21 GL-PL Ins Rpt Days								28,745		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$267.77	\$115.53	\$0.00	\$18.26	\$18.65	(with L&H)	\$39.69	\$7.30	\$66.08	\$2.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7042								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.79	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.94	\$67.79	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6778								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.89	\$113.74	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.70	\$118.82	\$0.00	\$18.48	\$19.06	\$0.00	\$54.01	\$7.30	\$13.77	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 28.26% Nurse Hours per On-Site Day/Quality Incentive: 3.48		<u>Facility Score</u> 28.26% 3.48	<u>Add-on Percent</u> 0.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6667 Quarterly Medicaid CMI: 1.8904 Qtrly Mcaid CMI w RUG Wght Options: 1.9268			<u>Facility Specific</u> 1.6667 1.8904 1.9268	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,477,747	\$3,484,636	\$0	\$570,067	\$530,237	\$0	\$720,145		\$1,172,662	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$137,859	(\$137,975)	\$0	(\$3,500)	(\$1,159)	\$2,912	\$325,894		(\$48,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$7,131		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$48,398
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,671,135	\$3,346,661	\$0	\$566,567	\$529,078	\$2,912	\$1,046,039	\$7,131	\$1,124,349	\$48,398
8	Total Nursing Facility Days As Filed Days = 25,933	FY21 Audited C/R Days	25,933									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,933	FY21 GL-PL Ins Rpt Days								25,933		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.25	\$129.05	\$0.00	\$21.85	\$20.51	(with L&H)	\$40.34	\$0.27	\$43.36	\$1.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6667								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.43	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.79	\$77.43	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9268								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.55	\$149.19	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.28	\$154.19	\$0.00	\$22.07	\$20.92	\$0.00	\$54.01	\$0.27	\$13.95	\$1.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NORTH DECATUR HEALTH AND REHABILITATION CENTER Prvdr ID: 00059452A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8020	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		20.59%	1.0%	Quarterly Medicaid CMI:			1.6608	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6914	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,881,579	\$2,552,761	\$0	\$402,375	\$386,137	\$0	\$912,637		\$627,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,159		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,107,082	\$2,551,322	\$0	\$400,838	\$383,343	(\$2,118)	\$912,960	\$234,159	\$562,695	\$63,883
8	Total Nursing Facility Days As Filed Days = 21,028	FY21 Audited C/R Days	21,028									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,028	FY21 GL-PL Ins Rpt Days								21,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.88	\$121.33	\$0.00	\$19.06	\$18.13	(with L&H)	\$43.42	\$11.14	\$26.76	\$3.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8020								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07 (FRV)	\$3.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.68	\$67.33	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6914								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.23	\$113.88	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.82	\$5.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.05	\$118.97	\$0.00	\$19.28	\$18.54	\$0.00	\$54.01	\$11.14	\$12.07	\$3.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUGUSTA Prvdr ID: 00059463A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.78% Nurse Hours per On-Site Day/Quality Incentive: 2.87		<u>Facility Score</u> 2.87	<u>Add-on Percent</u> 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5473 Quarterly Medicaid CMI: 1.4819 Qtrly Mcaid CMI w RUG Wght Options: 1.5050			<u>Facility Specific</u> 1.5050	<u>State-wide</u> 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,391,168	\$3,473,721	\$0	\$588,918	\$796,394	\$0	\$1,330,528		\$201,607	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$498,724)	(\$122,775)	\$0	\$0	\$0	\$846	(\$338,801)		(\$37,994)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,391		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,371
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,364,206	\$3,350,946	\$0	\$588,918	\$796,394	\$846	\$991,727	\$434,391	\$163,613	\$37,371
11	Total Nursing Facility Days As Filed Days = 27,419	FY21 Audited C/R Days	27,419									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,419	FY21 GL-PL Ins Rpt Days								27,419		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$232.11	\$122.21	\$0.00	\$21.48	\$29.08	(with L&H)	\$36.17	\$15.84	\$5.97	\$1.36
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5473								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.98								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	\$5.97	\$1.36
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08		\$36.17	\$15.84	11.29 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.20	\$78.98	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5050								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.86								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.08	\$118.86	\$0.00	\$21.48	\$29.08	\$0.00	\$36.17	\$15.84	\$11.29	\$1.36
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.75	\$4.75								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.65	\$125.33	\$0.00	\$21.70	\$29.49	\$0.00	\$53.64	\$15.84	\$11.29	\$1.36
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BOLINGREEN HEALTH AND REHABILITATION Prvdr ID: 00059485A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6188	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		29.17%	1.0%	Quarterly Medicaid CMI:			1.4485	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.80	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4720	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,610,580	\$3,262,896	\$0	\$650,634	\$703,694	\$0	\$1,142,810		\$850,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$197,900)	\$16,093	\$0	(\$720)	\$1,124	\$715	(\$202,798)		(\$12,314)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$127,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,357
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,552,450	\$3,278,989	\$0	\$649,914	\$704,818	\$715	\$940,012	\$127,413	\$838,232	\$12,357
8	Total Nursing Facility Days As Filed Days = 25,200	FY21 Audited C/R Days	25,268									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,200	FY21 GL-PL Ins Rpt Days								25,268		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.31	\$129.77	\$0.00	\$25.72	\$27.92	(with L&H)	\$37.20	\$5.04	\$33.17	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6188								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.16	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.74	\$80.16	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	10.50 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.74	\$80.16	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4720								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.58	\$118.00	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$10.50	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.90	\$5.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.34	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.92	\$125.61	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$10.50	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BROWN HEALTH AND REHABILITATION Prvdr ID: 00059562A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6533	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		27.54%	1.0%	Quarterly Medicaid CMI:			1.4465	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.41	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4704	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,372,178	\$3,384,168	\$0	\$601,357	\$958,424	\$0	\$1,139,741		\$288,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)		(\$25,469)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,469
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,355,621	\$3,380,934	\$0	\$600,558	\$958,424	(\$1,083)	\$1,024,300	\$104,000	\$263,019	\$25,469
8	Total Nursing Facility Days As Filed Days = 27,991	FY21 Audited C/R Days	27,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,991	FY21 GL-PL Ins Rpt Days								27,991		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.07	\$120.79	\$0.00	\$21.46	\$34.20	(with L&H)	\$36.59	\$3.72	\$9.40	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6533								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.06	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.05	\$73.06	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4704								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.42	\$107.43	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.45	\$6.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.61	\$8.05	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.03	\$115.48	\$0.00	\$21.68	\$33.28	\$0.00	\$53.93	\$3.72	\$19.03	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CARROLLTON NURSING & REHAB CTR				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059661A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6520	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	21.62%	1.0%	Quarterly Medicaid CMI:				1.6126	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6409	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,304,706		\$1,218,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$73,801)	\$0	\$0	\$0	\$0	\$0	(\$16,242)		(\$57,559)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,288,464	\$16,242	\$1,160,638	\$57,559
8	Total Nursing Facility Days As Filed Days = 34,428	FY21 Audited C/R Days	34,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,428	FY21 GL-PL Ins Rpt Days								34,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.99	\$97.58	\$0.00	\$18.76	\$19.38	(with L&H)	\$37.42	\$0.47	\$33.71	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6520								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.07	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.90	\$59.07	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6409								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.76	\$96.93	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.90	\$101.34	\$0.00	\$18.98	\$19.79	\$0.00	\$54.01	\$0.47	\$8.64	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHAPLINWOOD NURSING HOME Prvdr ID: 00059694A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4511	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		27.03%	1.0%	Quarterly Medicaid CMI:			1.4265	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.93	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4518	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,911,710	\$2,741,653	\$0	\$722,370	\$623,310	\$0	\$964,829		\$859,548	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,865)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$664)	(\$146,115)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,846,586	\$2,735,761	\$0	\$721,635	\$606,250	(\$664)	\$818,714	\$105,351	\$830,149	\$29,390
8	Total Nursing Facility Days As Filed Days = 25,746	FY21 Audited C/R Days	25,765									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,746	FY21 GL-PL Ins Rpt Days								25,765		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.92	\$106.18	\$0.00	\$28.01	\$23.50	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4511								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.17	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.23	\$73.17	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4518								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.29	\$106.23	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$6.90	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.07	\$113.13	\$0.00	\$26.82	\$23.91	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HAZELHURST COURT CARE AND REHABILITATION CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059705A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5314	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	26.92%	1.0%	Quarterly Medicaid CMI:				1.6711	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7010	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,730,251	\$1,976,701	\$0	\$319,522	\$357,678	\$0	\$598,933		\$477,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,831)	\$0	\$0	\$0	(\$1,588)	(\$1,433)	(\$60,607)		(\$16,203)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,030		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,066
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,714,516	\$1,976,701	\$0	\$319,522	\$356,090	(\$1,433)	\$538,326	\$48,030	\$461,214	\$16,066
8	Total Nursing Facility Days As Filed Days = 20,795	FY21 Audited C/R Days	20,795									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,795	FY21 GL-PL Ins Rpt Days								20,795		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.63	\$95.06	\$0.00	\$15.37	\$17.05	(with L&H)	\$25.89	\$2.31	\$22.18	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5314								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.90	\$62.07	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7010								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.41	\$105.58	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.27	\$110.34	\$0.00	\$15.59	\$17.46	\$0.00	\$43.36	\$2.31	\$7.44	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHWELL HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059826A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3026	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		40.32%	2.5%	Quarterly Medicaid CMI:			1.3399	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.37	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3599	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,115,461	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$370,570		\$1,343,946	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$30,264)	\$0	\$0	\$0	\$0	\$0	(\$18,221)		(\$12,043)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,867		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,043
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,113,107	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$352,349	\$15,867	\$1,331,903	\$12,043
8	Total Nursing Facility Days As Filed Days = 33,254	FY21 Audited C/R Days	33,254									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,254	FY21 GL-PL Ins Rpt Days								33,254		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.97	\$140.75	\$0.00	\$32.01	\$19.72	(with L&H)	\$10.60	\$0.48	\$40.05	\$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3026								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.06	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.66	\$99.82	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3599								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.59	\$135.75	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.39	\$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.15	\$143.21	\$0.00	\$32.23	\$20.13	\$0.00	\$28.07	\$0.48	\$24.67	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CORDELE HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00059892A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7385	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		22.00%	1.0%	Quarterly Medicaid CMI:			1.6747	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7055	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,383	\$3,422,865	\$0	\$593,067	\$261,502	\$272,847	\$1,190,580		\$582,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,092		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,979
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,252,489	\$3,635,580	\$0	\$451,094	\$259,207	\$231,442	\$1,042,353	\$48,092	\$576,742	\$7,979
8	Total Nursing Facility Days As Filed Days = 18,671	FY21 Audited C/R Days	18,679									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,671	FY21 GL-PL Ins Rpt Days								18,679		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$334.73	\$194.63	\$0.00	\$24.15	\$26.27	(with L&H)	\$55.80	\$2.57	\$30.88	\$0.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7385								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$111.96	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.82	\$99.82	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7055								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$170.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.24	\$170.24	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.70	\$1.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.11	\$5.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$6.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$294.78	\$177.05	\$0.00	\$24.37	\$26.68	\$0.00	\$54.01	\$2.57	\$9.67	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DUBLINAIR HEALTH & REHAB Prvdr ID: 00059947A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5934	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		35.53%	2.5%	Quarterly Medicaid CMI:			1.5247	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5541	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,723,633	\$3,635,916	\$0	\$673,920	\$631,207	\$0	\$1,049,540		\$733,050	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$193,169)	(\$340,290)	\$0	\$0	\$1,281	\$557	\$208,447		(\$63,164)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,463
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,587,927	\$3,295,626	\$0	\$673,920	\$632,488	\$557	\$1,257,987	\$0	\$669,886	\$57,463
8	Total Nursing Facility Days As Filed Days = 31,218	FY21 Audited C/R Days	31,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,218	FY21 GL-PL Ins Rpt Days								31,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.00	\$105.55	\$0.00	\$21.58	\$20.28	(with L&H)	\$40.29	\$0.00	\$21.46	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5934								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.24	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.25	\$66.24	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.95	\$102.94	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.87	\$109.13	\$0.00	\$21.80	\$20.69	\$0.00	\$54.01	\$0.00	\$9.40	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVER TOWNE CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00082684A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7626	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.68%	1.0%	Quarterly Medicaid CMI:			1.9649	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0035	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286	\$0	\$1,803,360		\$1,109,281	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$200,258		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,950,882	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256
8	Total Nursing Facility Days As Filed Days = 39,612	FY21 Audited C/R Days	39,612									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,612	FY21 GL-PL Ins Rpt Days								39,612		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7626								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.08	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.07	\$68.08	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0035								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.39	\$136.40	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.09	\$4.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.10	\$142.38	\$0.00	\$17.01	\$14.55	\$0.00	\$54.01	\$5.06	\$8.29	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HEARDMONT HEALTH AND REHABILITATION Prvdr ID: 00082981A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6148	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		21.95%	1.0%	Quarterly Medicaid CMI:			1.6374	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6688	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,822,690	\$1,397,452	\$0	\$278,543	\$350,395	\$0	\$554,209		\$242,091	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,131)	(\$15,507)	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,822
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,787,381	\$1,381,945	\$0	\$278,543	\$350,395	\$0	\$534,407	\$0	\$224,269	\$17,822
8	Total Nursing Facility Days As Filed Days = 15,257	FY21 Audited C/R Days	15,257									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,257	FY21 GL-PL Ins Rpt Days								15,257		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.71	\$90.58	\$0.00	\$18.26	\$22.97	(with L&H)	\$35.03	\$0.00	\$14.70	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6148								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.09	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.53	\$56.09	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6688								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.04	\$93.60	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.38	\$4.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.42	\$97.88	\$0.00	\$18.48	\$23.38	\$0.00	\$52.50	\$0.00	\$9.01	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AUTUMN LANE HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00082992A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3325	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.29%	1.0%	Quarterly Medicaid CMI:			1.3900	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.57	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4135	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,875,249	\$2,902,132	\$0	\$509,241	\$647,414	\$0	\$1,113,943		\$1,702,519	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$329,585)	(\$3,033)	\$0	(\$742)	\$0	(\$979)	(\$85,852)		(\$238,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$88,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$238,979
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,873,043	\$2,899,099	\$0	\$508,499	\$647,414	(\$979)	\$1,028,091	\$88,400	\$1,463,540	\$238,979
8	Total Nursing Facility Days As Filed Days = 25,994	FY21 Audited C/R Days	25,994									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,994	FY21 GL-PL Ins Rpt Days								25,994		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.40	\$111.53	\$0.00	\$19.56	\$24.87	(with L&H)	\$39.55	\$3.40	\$56.30	\$9.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3325								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.70	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07 (FRV)	\$9.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.70	\$83.70	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4135								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.31	\$118.31	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.92	\$5.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.36	\$7.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$272.67	\$125.94	\$0.00	\$19.78	\$25.28	\$0.00	\$54.01	\$3.40	\$35.07	\$9.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SIGNATURE HEALTHCARE AT TOWER ROAD Prvdr ID: 00083003A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.73% Nurse Hours per On-Site Day/Quality Incentive: 2.53		<u>Facility Score</u> 2.53	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.9806 Quarterly Medicaid CMI: 1.6780 Qtrly Mcaid CMI w RUG Wght Options: 1.7088			<u>Facility Specific</u> 1.9806 1.6780 1.7088	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,672,211	\$5,954,005	\$0	\$788,185	\$752,233	\$0	\$2,478,486		\$2,699,302	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,769)	(\$51,163)	\$0	(\$1,654)	(\$2,819)	(\$7,418)	(\$155,881)		(\$86,834)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$142,704		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$87,082
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,596,228	\$5,902,842	\$0	\$786,531	\$749,414	(\$7,418)	\$2,322,605	\$142,704	\$2,612,468	\$87,082
8	Total Nursing Facility Days As Filed Days = 40,589	FY21 Audited C/R Days	40,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,589	FY21 GL-PL Ins Rpt Days								40,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.34	\$145.43	\$0.00	\$19.38	\$18.28	(with L&H)	\$57.22	\$3.52	\$64.36	\$2.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9806								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.43	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.33	\$73.43	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7088								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.38	\$125.48	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.65	\$131.02	\$0.00	\$19.60	\$18.69	\$0.00	\$54.01	\$3.52	\$10.66	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GREEN ACRES HEALTH AND REHABILITATION Prvdr ID: 00083014A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.78% Nurse Hours per On-Site Day/Quality Incentive: 4.05		<u>Facility Score</u> 4.05	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4484 Quarterly Medicaid CMI: 1.2858 Qtrly Mcaid CMI w RUG Wght Options: 1.3063			<u>Facility Specific</u> 1.4484 1.2858 1.3063	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,134,826	\$2,691,135	\$0	\$500,979	\$619,415	\$0	\$1,514,804		\$808,493	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,727)	(\$4,676)	\$0	(\$714)	\$0	\$1,176	(\$150,363)		(\$31,150)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$101,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,150
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,082,169	\$2,686,459	\$0	\$500,265	\$619,415	\$1,176	\$1,364,441	\$101,920	\$777,343	\$31,150
8	Total Nursing Facility Days As Filed Days = 25,003	FY21 Audited C/R Days	25,003									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY21 GL-PL Ins Rpt Days								25,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.27	\$107.45	\$0.00	\$20.01	\$24.82	(with L&H)	\$54.57	\$4.08	\$31.09	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4484								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.19	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.61	\$74.19	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3063								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.33	\$96.91	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.85	\$4.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.86	\$104.71	\$0.00	\$20.23	\$25.23	\$0.00	\$54.01	\$4.08	\$11.35	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ABERCORN REHABILITATION CENTER Prvdr ID: 00083025A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.64% Nurse Hours per On-Site Day/Quality Incentive: 3.00		<u>Facility Score</u> 3.00	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7127 Quarterly Medicaid CMI: 1.5715 Qtrly Mcaid CMI w RUG Wght Options: 1.5986			<u>Facility Specific</u> 1.7127 1.5715 1.5986	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1,313,303	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$287,323)	(\$92,131)	\$0	\$0	\$610	\$694	(\$124,540)		(\$71,956)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$213,308		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,167
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,102,973	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167
8	Total Nursing Facility Days As Filed Days = 25,214	FY21 Audited C/R Days	25,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,214	FY21 GL-PL Ins Rpt Days								25,214		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7127								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.18	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.76	\$61.18	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5986								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.38	\$97.80	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.51	\$104.20	\$0.00	\$17.27	\$18.25	\$0.00	\$54.01	\$8.46	\$11.46	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LYNN HAVEN HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083036A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6901	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		54.17%	5.5%	Quarterly Medicaid CMI:			1.6475	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.45	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6800	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,392,350	\$2,527,375	\$0	\$465,714	\$786,530	\$0	\$881,388		\$731,343	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,338)	(\$2,396)	\$0	(\$587)	\$0	(\$555)	(\$73,181)		(\$32,619)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,080		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,619
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,395,711	\$2,524,979	\$0	\$465,127	\$786,530	(\$555)	\$808,207	\$80,080	\$698,724	\$32,619
8	Total Nursing Facility Days As Filed Days = 20,533	FY21 Audited C/R Days	20,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,533	FY21 GL-PL Ins Rpt Days								20,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.78	\$122.97	\$0.00	\$22.65	\$38.28	(with L&H)	\$39.36	\$3.90	\$34.03	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6901								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.76	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28		\$36.91	\$3.90	13.56 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.65	\$72.76	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6800								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.13	\$122.24	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.72	\$6.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.11	\$6.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.68	\$13.36	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.81	\$135.60	\$0.00	\$22.87	\$33.28	\$0.00	\$54.01	\$3.90	\$13.56	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST Prvdr ID: 00083047A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 30.23% Nurse Hours per On-Site Day/Quality Incentive: 4.42		<u>Facility Score</u> 4.42	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7055 Quarterly Medicaid CMI: 1.6566 Qtrly Mcaid CMI w RUG Wght Options: 1.6889			<u>Facility Specific</u> 1.7055 1.6566 1.6889	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,519,756	\$4,197,430	\$0	\$1,006,046	\$895,258	\$0	\$1,804,512		\$616,510	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,008)	(\$47,703)	\$0	\$0	\$2,907	(\$22,132)	(\$348,284)		(\$33,796)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$290,503		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,780
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,392,031	\$4,149,727	\$0	\$1,006,046	\$898,165	(\$22,132)	\$1,456,228	\$290,503	\$582,714	\$30,780
8	Total Nursing Facility Days As Filed Days = 36,280	FY21 Audited C/R Days	36,280									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,280	FY21 GL-PL Ins Rpt Days								36,280		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	(with L&H)	\$40.14	\$8.01	\$16.06	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7055								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.07	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01	10.83 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$67.07	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6889								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.84	\$113.27	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.53	\$4.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.40	\$7.89	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.24	\$121.16	\$0.00	\$26.82	\$24.56	\$0.00	\$54.01	\$8.01	\$10.83	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE CENTER FOR ADVANCED REHAB AT PARKSIDE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083102A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9316	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		18.97%	0.0%	Quarterly Medicaid CMI:			1.9012	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.61	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9392	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,796,117		\$1,515,755	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,358)	\$0	\$0	\$0	\$0	\$0	(\$77,384)		(\$166,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,718,733	\$77,384	\$1,348,781	\$166,974
8	Total Nursing Facility Days As Filed Days = 42,973	FY21 Audited C/R Days	42,973									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,973	FY21 GL-PL Ins Rpt Days								42,973		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.82	\$120.13	\$0.00	\$22.15	\$19.46	(with L&H)	\$40.00	\$1.80	\$31.39	\$3.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9316								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.19	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.58	\$62.19	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9392								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.99	\$120.60	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.67	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.66	\$123.54	\$0.00	\$22.37	\$19.87	\$0.00	\$54.01	\$1.80	\$22.18	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST Prvdr ID: 00083124A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 42.11% Nurse Hours per On-Site Day/Quality Incentive: 3.83		<u>Facility Score</u> 3.83	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6771 Quarterly Medicaid CMI: 1.5422 Qtrly Mcaid CMI w RUG Wght Options: 1.5696			<u>Facility Specific</u> 1.6771 1.5422 1.5696	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,643,902	\$4,019,980	\$0	\$873,375	\$799,950	\$0	\$1,449,789		\$500,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,675)	\$0	\$0	\$0	\$0	(\$8,244)	(\$256,599)		(\$37,832)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,764		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$37,757
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,618,748	\$4,019,980	\$0	\$873,375	\$799,950	(\$8,244)	\$1,193,190	\$239,764	\$462,976	\$37,757
8	Total Nursing Facility Days As Filed Days = 36,741	FY21 Audited C/R Days	36,741									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,741	FY21 GL-PL Ins Rpt Days								36,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.37	\$109.41	\$0.00	\$23.77	\$21.55	(with L&H)	\$32.48	\$6.53	\$12.60	\$1.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6771								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	\$12.60	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55		\$32.48	\$6.53	11.66 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.26	\$65.24	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.42	\$102.40	\$0.00	\$23.77	\$21.55	\$0.00	\$32.48	\$6.53	\$11.66	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.10	\$4.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.29	\$7.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.71	\$109.59	\$0.00	\$23.99	\$21.96	\$0.00	\$49.95	\$6.53	\$11.66	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NHC HEALTHCARE ROSSVILLE Prvdr ID: 00083146A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 30.86% Nurse Hours per On-Site Day/Quality Incentive: 4.11		<u>Facility Score</u> 4.11	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3092 Quarterly Medicaid CMI: 1.2547 Qtrly Mcaid CMI w RUG Wght Options: 1.2735			<u>Facility Specific</u> 1.3092 1.2547 1.2735	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,071,352	\$4,261,696	\$0	\$676,800	\$584,344	\$0	\$1,233,717		\$314,795	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$217,738)	\$0	\$0	\$0	(\$2,108)	(\$2,635)	(\$155,245)		(\$57,750)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,600		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,282
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,072,496	\$4,261,696	\$0	\$676,800	\$582,236	(\$2,635)	\$1,078,472	\$161,600	\$257,045	\$57,282
11	Total Nursing Facility Days As Filed Days = 31,938	FY21 Audited C/R Days	31,938									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,938	FY21 GL-PL Ins Rpt Days								31,938		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.45	\$133.44	\$0.00	\$21.19	\$18.15	(with L&H)	\$33.77	\$5.06	\$8.05	\$1.79
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3092								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.92								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$101.92	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.49	\$99.82	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2735								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.12								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.79	\$127.12	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.09	\$6.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.88	\$134.11	\$0.00	\$21.41	\$18.56	\$0.00	\$51.24	\$5.06	\$10.71	\$1.79
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SIGNATURE HEALTHCARE OF SAVANNAH Prvdr ID: 00083157A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 13.48% Nurse Hours per On-Site Day/Quality Incentive: 2.05		<u>Facility Score</u> 2.05	<u>Add-on Percent</u> 0.00% 0.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7318 Quarterly Medicaid CMI: 1.4645 Qtrly Mcaid CMI w RUG Wght Options: 1.4917			<u>Facility Specific</u> 1.7318 1.4645 1.4917	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,846,509	\$4,486,272	\$0	\$628,442	\$601,166	\$0	\$1,941,344		\$189,285	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444		(\$68,497)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$146,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,927
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,804,050	\$4,244,647	\$0	\$627,174	\$602,762	\$1,642	\$1,991,788	\$146,322	\$120,788	\$68,927
8	Total Nursing Facility Days As Filed Days = 37,322	FY21 Audited C/R Days	37,322									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,322	FY21 GL-PL Ins Rpt Days								37,322		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.10	\$113.73	\$0.00	\$16.80	\$16.19	(with L&H)	\$53.37	\$3.92	\$3.24	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7318								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.47	\$65.67	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4917								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.76	\$97.96	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.94	\$102.41	\$0.00	\$17.02	\$16.60	\$0.00	\$54.01	\$3.92	\$11.13	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MUSCOGEE MANOR & REHABILITATION CTR				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083223A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5505	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.04%	2.5%	Quarterly Medicaid CMI:			1.4460	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4698	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,954,006	\$6,980,780	\$0	\$1,029,370	\$1,373,916	\$0	\$1,351,292		\$218,648	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,740		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,985,866	\$6,985,864	\$0	\$1,029,370	\$1,372,745	(\$6,099)	\$1,177,648	\$207,740	\$189,644	\$28,954
8	Total Nursing Facility Days As Filed Days = 39,808	FY21 Audited C/R Days	39,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,808	FY21 GL-PL Ins Rpt Days								39,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.97	\$175.49	\$0.00	\$25.86	\$34.33	(with L&H)	\$29.58	\$5.22	\$4.76	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5505								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.18	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.31	\$99.82	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4698								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.21	\$146.72	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$8.07	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$289.97	\$154.79	\$0.00	\$26.08	\$33.28	\$0.00	\$47.05	\$5.22	\$22.82	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TUCKER WELLNESS AND REHABILITATION CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083267A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6178	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		26.51%	1.0%	Quarterly Medicaid CMI:			1.7883	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.87	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8229	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,070,033	\$3,742,039	\$0	\$630,762	\$729,140	\$0	\$1,361,123		\$606,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825		(\$343,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,001		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$153,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,065,586	\$3,697,000	\$0	\$630,762	\$727,138	(\$6,514)	\$1,461,948	\$138,001	\$263,695	\$153,556
8	Total Nursing Facility Days As Filed Days = 33,937	FY21 Audited C/R Days	33,937									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,937	FY21 GL-PL Ins Rpt Days								33,937		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.20	\$108.94	\$0.00	\$18.59	\$21.23	(with L&H)	\$43.08	\$4.07	\$7.77	\$4.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6178								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.34	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28 (FRV)	\$4.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.94	\$67.34	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8229								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.35	\$122.75	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.14	\$6.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.63	\$7.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.98	\$130.65	\$0.00	\$18.81	\$21.64	\$0.00	\$54.01	\$4.07	\$11.28	\$4.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MADISON HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083278A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4880	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		52.46%	5.5%	Quarterly Medicaid CMI:			1.7733	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.65	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8086	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,000,179	\$2,183,157	\$0	\$465,001	\$657,304	\$0	\$643,204		\$51,513	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$170,700)	(\$112,741)	\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,824		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,970,066	\$2,070,416	\$0	\$469,211	\$697,654	(\$3,905)	\$586,365	\$103,824	\$9,738	\$36,763
8	Total Nursing Facility Days As Filed Days = 20,729	FY21 Audited C/R Days	20,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,729	FY21 GL-PL Ins Rpt Days								20,836		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.54	\$99.37	\$0.00	\$22.52	\$33.30	(with L&H)	\$28.14	\$4.98	\$0.47	\$1.76
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4880								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.78								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.78	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.27	\$66.78	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8086								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.27	\$120.78	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.04	\$6.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.90	\$13.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.17	\$133.99	\$0.00	\$22.74	\$33.28	\$0.00	\$45.61	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERDALE CENTER FOR NURSING AND HEALING Prvdr ID: 00083289A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 26.21% Nurse Hours per On-Site Day/Quality Incentive: 3.41		<u>Facility Score</u> 26.21% 3.41	<u>Add-on Percent</u> 0.00% 1.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6751 Quarterly Medicaid CMI: 1.7358 Qtrly Mcaid CMI w RUG Wght Options: 1.7690			<u>Facility Specific</u> 1.6751 1.7358 1.7690	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,209,864	\$4,372,778	\$0	\$965,036	\$975,108	\$0	\$1,621,560		\$1,275,382	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$212,615		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$176,035
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,226,029	\$4,372,778	\$0	\$965,036	\$981,394	\$7,437	\$1,408,945	\$212,615	\$1,101,789	\$176,035
8	Total Nursing Facility Days As Filed Days = 47,211	FY21 Audited C/R Days	47,211									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,211	FY21 GL-PL Ins Rpt Days								47,211		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.41	\$92.62	\$0.00	\$20.44	\$20.94	(with L&H)	\$29.84	\$4.50	\$23.34	\$3.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6751								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.39	\$55.29	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7690								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.91	\$97.81	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.48	\$101.28	\$0.00	\$20.66	\$21.35	\$0.00	\$47.31	\$4.50	\$10.65	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSE CITY HEALTH AND REHABILITATION CENTER Prvdr ID: 00083311A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 35.19% Nurse Hours per On-Site Day/Quality Incentive: 2.96		<u>Facility Score</u> N/A 35.19% 2.96	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7700 Quarterly Medicaid CMI: 1.6154 Qtrly Mcaid CMI w RUG Wght Options: 1.6436			<u>Facility Specific</u> 1.7700 1.6154 1.6436	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227
8	Total Nursing Facility Days As Filed Days = 19,399	FY21 Audited C/R Days	19,399									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,399	FY21 GL-PL Ins Rpt Days								19,399		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.89	\$125.61	\$0.00	\$23.85	\$20.75	(with L&H)	\$44.34	\$2.22	\$24.97	\$1.15
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7700								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.97	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99 (FRV)	\$1.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.84	\$70.97	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6436								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.52	\$116.65	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.20	\$123.60	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE A.G. RHODES HOME, INC. Prvdr ID: 00140005A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 63.33% Nurse Hours per On-Site Day/Quality Incentive: 4.27		<u>Facility Score</u> 4.27	<u>Add-on Percent</u> 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7995 Quarterly Medicaid CMI: 1.7094 Qtrly Mcaid CMI w RUG Wght Options: 1.7422			<u>Facility Specific</u> 1.7995 1.7094 1.7422	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,894,584	\$6,554,766	\$0	\$1,196,908	\$1,455,812	\$0	\$2,354,775		\$332,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,879
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879
8	Total Nursing Facility Days As Filed Days = 39,966	FY21 Audited C/R Days	39,972									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,966	FY21 GL-PL Ins Rpt Days								39,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.69	\$163.93	\$0.00	\$29.94	\$36.63	(with L&H)	\$55.08	\$4.29	\$7.25	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7995								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.10	\$0.00	\$29.94	\$36.63		\$55.08	\$4.29	\$7.25	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.18	\$91.10	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7422								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$158.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.79	\$158.71	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.73	\$8.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.94	\$7.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$34.30	\$17.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$314.09	\$175.91	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ALTAMAHA HEALTHCARE CENTER Prvdr ID: 00140027A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 28.57% Nurse Hours per On-Site Day/Quality Incentive: 3.75		<u>Facility Score</u> 3.75	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5890 Quarterly Medicaid CMI: 1.7336 Qtrly Mcaid CMI w RUG Wght Options: 1.7650			<u>Facility Specific</u> 1.5890 1.7336 1.7650	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,558,257	\$1,840,496	\$0	\$344,487	\$343,640	\$0	\$813,193		\$216,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,344)	\$0	\$0	\$0	\$1,657	\$1,639	(\$53,760)		(\$24,880)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$41,450		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,118
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,549,481	\$1,840,496	\$0	\$344,487	\$345,297	\$1,639	\$759,433	\$41,450	\$191,561	\$25,118
8	Total Nursing Facility Days As Filed Days = 20,352	FY21 Audited C/R Days	20,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,352	FY21 GL-PL Ins Rpt Days								20,352		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.40	\$90.43	\$0.00	\$16.93	\$17.05	(with L&H)	\$37.31	\$2.04	\$9.41	\$1.23
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5890								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.91	\$0.00	\$16.93	\$17.05		\$37.31	\$2.04	\$9.41	\$1.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05		\$36.91	\$2.04	8.74 (FRV)	\$1.23
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.81	\$56.91	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7650								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.35	\$100.45	\$0.00	\$16.93	\$17.05	\$0.00	\$36.91	\$2.04	\$8.74	\$1.23
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.62	\$104.99	\$0.00	\$17.15	\$17.46	\$0.00	\$54.01	\$2.04	\$8.74	\$1.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GREENVILLE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140038A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2725	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		21.31%	1.0%	Quarterly Medicaid CMI:			1.3369	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.46	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3588	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,351	\$2,236,541	\$0	\$424,396	\$535,093	\$0	\$1,138,335		\$313,986	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$548,982)	(\$103,306)	\$0	\$0	\$0	\$3,434	(\$407,542)		(\$41,568)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$491,617		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,875
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,627,861	\$2,133,235	\$0	\$424,396	\$535,093	\$3,434	\$730,793	\$491,617	\$272,418	\$36,875
8	Total Nursing Facility Days As Filed Days = 25,205	FY21 Audited C/R Days	25,205									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,205	FY21 GL-PL Ins Rpt Days								25,205		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.61	\$84.64	\$0.00	\$16.84	\$21.37	(with L&H)	\$28.99	\$19.50	\$10.81	\$1.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2725								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.73	\$66.52	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3588								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.60	\$90.39	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.75	\$95.44	\$0.00	\$17.06	\$21.78	\$0.00	\$46.46	\$19.50	\$11.05	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRENTWOOD HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140071A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3663	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		32.14%	2.5%	Quarterly Medicaid CMI:			1.4771	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.16	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5035	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,695	\$2,262,606	\$0	\$429,224	\$394,510	\$0	\$874,768		\$560,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$146,300)	(\$2,508)	\$0	(\$614)	\$0	(\$636)	(\$115,948)		(\$26,594)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$108,355		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,594
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594
8	Total Nursing Facility Days As Filed Days = 21,496	FY21 Audited C/R Days	21,496									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,496	FY21 GL-PL Ins Rpt Days								21,496		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.82	\$105.14	\$0.00	\$19.94	\$18.32	(with L&H)	\$35.30	\$5.04	\$24.84	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3663								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.57	\$76.95	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5035								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.31	\$115.69	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.61	\$124.89	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WESTMINSTER COMMONS Prvdr ID: 00140082A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.11% Nurse Hours per On-Site Day/Quality Incentive: 3.22		<u>Facility Score</u> 3.22	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4213 Quarterly Medicaid CMI: 1.3428 Qtrly Mcaid CMI w RUG Wght Options: 1.3652			<u>Facility Specific</u> 1.4213 1.3428 1.3652	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$971,152		\$755,005	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,757
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757
8	Total Nursing Facility Days As Filed Days = 25,120	FY21 Audited C/R Days	25,120									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120	FY21 GL-PL Ins Rpt Days								25,120		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.65	\$123.39	\$0.00	\$15.09	\$22.45	(with L&H)	\$31.55	\$7.11	\$27.04	\$3.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4213								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.47	\$86.81	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3652								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.17	\$118.51	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.32	\$125.56	\$0.00	\$15.31	\$22.86	\$0.00	\$49.02	\$7.11	\$8.44	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: APPLING NURSING AND REHABILITATION PAVILION Prvdr ID: 00140093A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 29.69% Nurse Hours per On-Site Day/Quality Incentive: 4.36		<u>Facility Score</u> 4.36	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1660 Quarterly Medicaid CMI: 1.0788 Qtrly Mcaid CMI w RUG Wght Options: 1.0938			<u>Facility Specific</u> 1.1660 1.0788 1.0938	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,950,066		\$652,500	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$325,962)	\$0	\$0	\$0	\$0	\$0	(\$298,606)		(\$27,356)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$298,606		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,356
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,378,522	\$3,787,109	\$0	\$963,283	\$395,286	\$630,278	\$1,651,460	\$298,606	\$625,144	\$27,356
8	Total Nursing Facility Days As Filed Days = 34,228	FY21 Audited C/R Days	34,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,228	FY21 GL-PL Ins Rpt Days								34,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.77	\$110.64	\$0.00	\$28.14	\$29.96	(with L&H)	\$48.25	\$8.72	\$18.26	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1660								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.89	\$0.00	\$28.14	\$29.96		\$48.25	\$8.72	\$18.26	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96		\$36.91	\$8.72	27.93 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$227.35	\$94.89	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0938								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.25	\$103.79	\$0.00	\$28.14	\$29.96	\$0.00	\$36.91	\$8.72	\$27.93	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.70	\$109.51	\$0.00	\$28.36	\$30.37	\$0.00	\$54.01	\$8.72	\$27.93	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ASHBURN Prvdr ID: 00140104A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.21% Nurse Hours per On-Site Day/Quality Incentive: 3.51		<u>Facility Score</u> 3.51	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7037 Quarterly Medicaid CMI: 1.5775 Qtrly Mcaid CMI w RUG Wght Options: 1.6071			<u>Facility Specific</u> 1.7037 1.5775 1.6071	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,185,511	\$2,285,348	\$0	\$357,709	\$488,553	\$0	\$921,838		\$132,063	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,114)	(\$100,525)	\$0	\$0	(\$1,973)	(\$1,227)	(\$251,866)		(\$28,523)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$329,382		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,287
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,159,066	\$2,184,823	\$0	\$357,709	\$486,580	(\$1,227)	\$669,972	\$329,382	\$103,540	\$28,287
11	Total Nursing Facility Days As Filed Days = 20,854	FY21 Audited C/R Days	20,854									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,854	FY21 GL-PL Ins Rpt Days								20,854		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.43	\$104.77	\$0.00	\$17.15	\$23.27	(with L&H)	\$32.13	\$15.79	\$4.96	\$1.36
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7037								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.50								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.80	\$61.50	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6071								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.84								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.14	\$98.84	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.94	\$4.94								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.04	\$7.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.18	\$106.78	\$0.00	\$17.37	\$23.68	\$0.00	\$49.60	\$15.79	\$10.60	\$1.36
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BROOKHAVEN				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140115A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8705	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	17.35%	0.0%	Quarterly Medicaid CMI:			1.6613	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.08	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6910	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,679,674	\$5,728,290	\$0	\$763,976	\$1,188,797	\$0	\$2,224,285		\$774,326	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)		(\$113,736)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$682,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$113,278
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,650,582	\$5,552,075	\$0	\$763,976	\$1,186,392	(\$827)	\$1,692,109	\$682,989	\$660,590	\$113,278
8	Total Nursing Facility Days As Filed Days = 45,636	FY21 Audited C/R Days	45,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,636	FY21 GL-PL Ins Rpt Days								45,636		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.39	\$121.66	\$0.00	\$16.74	\$25.98	(with L&H)	\$37.08	\$14.97	\$14.48	\$2.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8705								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24 (FRV)	\$2.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.36	\$65.04	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6910								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.30	\$109.98	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.06	\$116.01	\$0.00	\$16.96	\$26.39	\$0.00	\$54.01	\$14.97	\$11.24	\$2.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - ATHENS SKILLED NURSING Prvdr ID: 00140126A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 19.40% Nurse Hours per On-Site Day/Quality Incentive: 3.85		<u>Facility Score</u> 3.85	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6453 Quarterly Medicaid CMI: 1.5864 Qtrly Mcaid CMI w RUG Wght Options: 1.6146			<u>Facility Specific</u> 1.6453 1.5864 1.6146	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,705,401	\$5,674,664	\$0	\$868,081	\$1,451,385	\$0	\$1,949,759		\$1,761,512	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$592,783		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$326,443
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,673,229	\$5,481,373	\$0	\$868,081	\$1,439,497	(\$9,285)	\$1,542,738	\$592,783	\$1,431,599	\$326,443
11	Total Nursing Facility Days As Filed Days = 36,062	FY21 Audited C/R Days	36,062									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,062	FY21 GL-PL Ins Rpt Days								36,062		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$323.70	\$152.00	\$0.00	\$24.07	\$39.66	(with L&H)	\$42.78	\$16.44	\$39.70	\$9.05
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6453								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.38								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.38	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05 (FRV)	\$9.05
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$240.18	\$92.38	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6146								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$149.16								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$296.96	\$149.16	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.46	\$7.46								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$7.99	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$322.27	\$157.15	\$0.00	\$24.29	\$33.28	\$0.00	\$54.01	\$16.44	\$28.05	\$9.05
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$228.88									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EAST LAKE ARBOR Prvdr ID: 00140137A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8952	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		33.87%	2.5%	Quarterly Medicaid CMI:			1.9329	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9708	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,380,786		\$316,336	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$239,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$79,311
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,141,227	\$239,559	\$237,025	\$79,311
8	Total Nursing Facility Days As Filed Days = 28,744	FY21 Audited C/R Days	28,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,744	FY21 GL-PL Ins Rpt Days								28,744		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.70	\$116.14	\$0.00	\$19.01	\$17.51	(with L&H)	\$39.70	\$8.33	\$8.25	\$2.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8952								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.28	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40 (FRV)	\$2.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.20	\$61.28	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9708								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.69	\$120.77	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$7.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.59	\$127.94	\$0.00	\$19.23	\$17.92	\$0.00	\$54.01	\$8.33	\$10.40	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AUTUMN BREEZE HEALTH AND REHAB Prvdr ID: 00140159A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.45		<u>Facility Score</u> 3.45	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6093 Quarterly Medicaid CMI: 1.6008 Qtrly Mcaid CMI w RUG Wght Options: 1.6321			<u>Facility Specific</u> 1.6093 1.6008 1.6321	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,624,922	\$2,587,804	\$0	\$476,466	\$604,050	\$0	\$985,114		\$971,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$208,102)	(\$10,124)	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$156,834		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,624,922	\$2,577,680	\$0	\$476,466	\$604,050	\$0	\$838,404	\$156,834	\$920,220	\$51,268
8	Total Nursing Facility Days As Filed Days = 29,376	FY21 Audited C/R Days	29,376									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,376	FY21 GL-PL Ins Rpt Days								29,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.49	\$87.75	\$0.00	\$16.22	\$20.56	(with L&H)	\$28.54	\$5.34	\$31.33	\$1.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6093								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04 (FRV)	\$1.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.98	\$54.53	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6321								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.45	\$89.00	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.53	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.98	\$94.43	\$0.00	\$16.44	\$20.97	\$0.00	\$46.01	\$5.34	\$10.04	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.41									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - CARROLLTON SKILLED NURSING Prvdr ID: 00140181A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 50.00% Nurse Hours per On-Site Day/Quality Incentive: 3.58		<u>Facility Score</u> 3.58	<u>Add-on Percent</u> 0.00% 5.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7331 Quarterly Medicaid CMI: 1.5594 Qtrly Mcaid CMI w RUG Wght Options: 1.5883			<u>Facility Specific</u> 1.7331 1.5594 1.5883	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,471,814	\$1,656,366	\$0	\$249,335	\$371,757	\$0	\$697,218		\$497,138	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$239,974)	(\$59,905)	\$0	\$0	\$984	\$1,399	(\$124,060)		(\$58,392)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$181,684		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,658
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,470,182	\$1,596,461	\$0	\$249,335	\$372,741	\$1,399	\$573,158	\$181,684	\$438,746	\$56,658
8	Total Nursing Facility Days As Filed Days = 11,841	FY21 Audited C/R Days	11,841									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,841	FY21 GL-PL Ins Rpt Days								11,841		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$293.05	\$134.82	\$0.00	\$21.06	\$31.60	(with L&H)	\$48.40	\$15.34	\$37.05	\$4.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7331								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.79	\$0.00	\$21.06	\$31.60		\$48.40	\$15.34	\$37.05	\$4.78
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60		\$36.91	\$15.34	22.23 (FRV)	\$4.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.71	\$77.79	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5883								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.47	\$123.55	\$0.00	\$21.06	\$31.60	\$0.00	\$36.91	\$15.34	\$22.23	\$4.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.80	\$6.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.24	\$13.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$286.71	\$137.06	\$0.00	\$21.28	\$32.01	\$0.00	\$54.01	\$15.34	\$22.23	\$4.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BAPTIST VILLAGE, INC.				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140203A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4838	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		31.16%	2.5%	Quarterly Medicaid CMI:			1.3764	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.21	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4009	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,962,941		\$714,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,668		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,279
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,791,273	\$171,668	\$643,118	\$71,279
8	Total Nursing Facility Days As Filed Days = 62,767	FY21 Audited C/R Days	62,767									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 62,767	FY21 GL-PL Ins Rpt Days								62,767		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.34	\$152.23	\$0.00	\$37.42	\$33.16	(with L&H)	\$60.40	\$2.74	\$10.25	\$1.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4838								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.97	\$99.82	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4009								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.99	\$139.84	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.50	\$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.79	\$7.70	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.78	\$147.54	\$0.00	\$26.82	\$33.25	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - BETHANY SKILLED NURSING Prvdr ID: 00140258A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 39.81% Nurse Hours per On-Site Day/Quality Incentive: 3.00		<u>Facility Score</u> 3.00	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6513 Quarterly Medicaid CMI: 1.5509 Qtrly Mcaid CMI w RUG Wght Options: 1.5796			<u>Facility Specific</u> 1.6513 1.5509 1.5796	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,717,501	\$4,621,748	\$0	\$766,240	\$1,151,204	\$0	\$1,775,161		\$403,148	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$911,286)	(\$154,401)	\$0	\$0	(\$605)	\$789	(\$646,966)		(\$110,103)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$722,838		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,502
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,582,555	\$4,467,347	\$0	\$766,240	\$1,150,599	\$789	\$1,128,195	\$722,838	\$293,045	\$53,502
11	Total Nursing Facility Days As Filed Days = 38,250	FY21 Audited C/R Days	38,250									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,250	FY21 GL-PL Ins Rpt Days								38,250		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.38	\$116.79	\$0.00	\$20.03	\$30.10	(with L&H)	\$29.50	\$18.90	\$7.66	\$1.40
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6513								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.73								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.73	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.49	\$70.73	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5796								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.73								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.49	\$111.73	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.59	\$5.59								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.01	\$8.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.50	\$120.64	\$0.00	\$20.25	\$30.51	\$0.00	\$46.97	\$18.90	\$13.83	\$1.40
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BETHANY				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140269A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6752	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		35.71%	2.5%	Quarterly Medicaid CMI:			1.6399	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.46	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6693	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,528,326	\$3,109,426	\$0	\$463,271	\$570,373	\$0	\$1,154,896		\$230,360	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$481,433)	(\$114,470)	\$0	\$0	\$0	\$1,345	(\$325,558)		(\$42,750)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,706
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,518,204	\$2,994,956	\$0	\$463,271	\$570,373	\$1,345	\$829,338	\$437,605	\$187,610	\$33,706
8	Total Nursing Facility Days As Filed Days = 24,639	FY21 Audited C/R Days	24,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,639	FY21 GL-PL Ins Rpt Days								24,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.95	\$121.55	\$0.00	\$18.80	\$23.20	(with L&H)	\$33.66	\$17.76	\$7.61	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6752								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	\$7.61	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20		\$33.66	\$17.76	13.98 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.33	\$72.56	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6693								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.89	\$121.12	\$0.00	\$18.80	\$23.20	\$0.00	\$33.66	\$17.76	\$13.98	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.84	\$4.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.50	\$8.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.39	\$129.52	\$0.00	\$19.02	\$23.61	\$0.00	\$51.13	\$17.76	\$13.98	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CUMMING HEALTH & REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140302A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6071	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		46.51%	5.5%	Quarterly Medicaid CMI:			1.3731	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3992	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,231,841	\$3,498,235	\$0	\$647,050	\$758,499	\$0	\$1,159,015		\$169,042	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$302,214)	\$0	\$0	\$0	(\$8,756)	(\$4,379)	(\$224,580)		(\$64,499)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,382
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,196,197	\$3,498,235	\$0	\$647,050	\$749,743	(\$4,379)	\$934,435	\$203,188	\$104,543	\$63,382
8	Total Nursing Facility Days As Filed Days = 19,987	FY21 Audited C/R Days	19,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,987	FY21 GL-PL Ins Rpt Days								19,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$310.01	\$175.03	\$0.00	\$32.37	\$37.29	(with L&H)	\$46.75	\$10.17	\$5.23	\$3.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6071								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.91	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63 (FRV)	\$3.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.80	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3992								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.65	\$139.67	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.68	\$7.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.97	\$11.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.62	\$151.54	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$10.17	\$11.63	\$3.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH CARE CENTER Prvdr ID: 00140324A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.36% Nurse Hours per On-Site Day/Quality Incentive: 3.45		<u>Facility Score</u> 3.45	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5533 Quarterly Medicaid CMI: 1.6887 Qtrly Mcaid CMI w RUG Wght Options: 1.7206			<u>Facility Specific</u> 1.5533 1.6887 1.7206	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,680,007		\$2,299,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$314,221		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,365,786	\$314,221	\$2,151,713	\$148,261
8	Total Nursing Facility Days As Filed Days = 39,567	FY21 Audited C/R Days	39,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,567	FY21 GL-PL Ins Rpt Days								39,567		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.53	\$131.11	\$0.00	\$17.46	\$24.37	(with L&H)	\$34.52	\$7.94	\$54.38	\$3.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5533								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94 (FRV)	\$3.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.39	\$84.41	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7206								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.22	\$145.24	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.63	\$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.84	\$153.76	\$0.00	\$17.68	\$24.78	\$0.00	\$51.99	\$7.94	\$9.94	\$3.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH AND REHABILITATION Prvdr ID: 00140346A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4661	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		28.85%	1.0%	Quarterly Medicaid CMI:			1.3527	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.37	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3720	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,337,615	\$2,280,608	\$0	\$500,886	\$533,001	\$0	\$882,858		\$140,262	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$107,733)	(\$2,361)	\$0	(\$578)	\$0	(\$440)	(\$94,191)		(\$10,163)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$75,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,163
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,315,965	\$2,278,247	\$0	\$500,308	\$533,001	(\$440)	\$788,667	\$75,920	\$130,099	\$10,163
8	Total Nursing Facility Days As Filed Days = 20,238	FY21 Audited C/R Days	20,238									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,238	FY21 GL-PL Ins Rpt Days								20,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.25	\$112.57	\$0.00	\$24.72	\$26.31	(with L&H)	\$38.97	\$3.75	\$6.43	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4661								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.78	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.82	\$76.78	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3720								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.38	\$105.34	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.27	\$5.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.58	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.96	\$112.19	\$0.00	\$24.94	\$26.72	\$0.00	\$54.01	\$3.75	\$11.85	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BONTERRA TRANSITIONAL CARE & REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140357A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.4811	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	26.92%	1.0%	Quarterly Medicaid CMI:			1.6210	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6517	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$222,663		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,568,733	\$3,639,268	\$0	\$615,602	\$641,094	\$0	\$1,235,994	\$222,663	\$1,155,653	\$58,459
8	Total Nursing Facility Days As Filed Days = 36,165	FY21 Audited C/R Days	36,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,165	FY21 GL-PL Ins Rpt Days								36,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.30	\$100.63	\$0.00	\$17.02	\$17.73	(with L&H)	\$34.18	\$6.16	\$31.96	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4811								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.23	\$67.94	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6517								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.51	\$112.22	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.99	\$3.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.50	\$116.11	\$0.00	\$17.24	\$18.14	\$0.00	\$51.65	\$6.16	\$10.58	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ANDERSON MILL HEALTH AND REHABILITATION CENTER Prvdr ID: 00140379A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 17.71% Nurse Hours per On-Site Day/Quality Incentive: 3.85		<u>Facility Score</u> 3.85	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7412 Quarterly Medicaid CMI: 1.8271 Qtrly Mcaid CMI w RUG Wght Options: 1.8609			<u>Facility Specific</u> 1.7412 1.8271 1.8609	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,594,237	\$5,161,415	\$0	\$743,175	\$756,255	\$0	\$1,137,086		\$1,796,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$323,482	(\$18,519)	\$0	(\$700)	(\$3,404)	(\$1,208)	\$649,310		(\$301,997)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$72,317
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,090,036	\$5,142,896	\$0	\$742,475	\$752,851	(\$1,208)	\$1,786,396	\$100,000	\$1,494,309	\$72,317
8	Total Nursing Facility Days As Filed Days = 40,163	FY21 Audited C/R Days	40,163									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,163	FY21 GL-PL Ins Rpt Days								40,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.23	\$128.05	\$0.00	\$18.49	\$18.71	(with L&H)	\$44.48	\$2.49	\$37.21	\$1.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7412								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.54	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58 (FRV)	\$1.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.52	\$73.54	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8609								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.83	\$136.85	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.11	\$4.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.20	\$141.49	\$0.00	\$18.71	\$19.12	\$0.00	\$54.01	\$2.49	\$9.58	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - VIRGINIA PARK				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140401A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6723	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.07%	2.5%	Quarterly Medicaid CMI:			1.7295	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.75	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7613	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,961,153	\$4,470,307	\$0	\$564,985	\$814,933	\$0	\$1,625,963		\$484,965	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$491,836)	(\$120,819)	\$0	\$0	\$31,984	\$52,032	(\$387,726)		(\$67,307)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$471,989		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$77,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,018,586	\$4,349,488	\$0	\$564,985	\$846,917	\$52,032	\$1,238,237	\$471,989	\$417,658	\$77,280
8	Total Nursing Facility Days As Filed Days = 36,290	FY21 Audited C/R Days	36,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,290	FY21 GL-PL Ins Rpt Days								36,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.96	\$119.85	\$0.00	\$15.57	\$24.77	(with L&H)	\$34.12	\$13.01	\$11.51	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6723								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.51	\$71.67	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7613								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.07	\$126.23	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.31	\$6.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.10	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.17	\$136.23	\$0.00	\$15.79	\$25.18	\$0.00	\$51.59	\$13.01	\$15.24	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRIGHTMOOR NURSING CENTER, LLC Prvdr ID: 00140412A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 31.65% Nurse Hours per On-Site Day/Quality Incentive: 3.68		<u>Facility Score</u> 3.68	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6090 Quarterly Medicaid CMI: 1.6120 Qtrly Mcaid CMI w RUG Wght Options: 1.6417			<u>Facility Specific</u> 1.6090 1.6120 1.6417	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,596,126	\$4,575,170	\$0	\$1,088,765	\$1,495,115	\$0	\$1,463,519		\$973,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$323,750)	\$0	\$0	\$0	\$34,485	\$40,017	(\$265,022)		(\$133,230)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$251,170		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,869
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,663,415	\$4,575,170	\$0	\$1,088,765	\$1,529,600	\$40,017	\$1,198,497	\$251,170	\$840,327	\$139,869
8	Total Nursing Facility Days As Filed Days = 34,111	FY21 Audited C/R Days	34,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,111	FY21 GL-PL Ins Rpt Days								34,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$283.30	\$134.13	\$0.00	\$31.92	\$46.01	(with L&H)	\$35.14	\$7.36	\$24.64	\$4.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6090								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.36	\$0.00	\$31.92	\$46.01		\$35.14	\$7.36	\$24.64	\$4.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28		\$35.14	\$7.36	19.29 (FRV)	\$4.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.35	\$83.36	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6417								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.84	\$136.85	\$0.00	\$26.82	\$33.28	\$0.00	\$35.14	\$7.36	\$19.29	\$4.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.42	\$3.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.89	\$9.42	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$289.73	\$146.27	\$0.00	\$26.82	\$33.28	\$0.00	\$52.61	\$7.36	\$19.29	\$4.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BROWN'S HEALTH & REHAB CENTER Prvdr ID: 00140434A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 14.29% Nurse Hours per On-Site Day/Quality Incentive: 3.55		<u>Facility Score</u> 3.55	<u>Add-on Percent</u> 0.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5938 Quarterly Medicaid CMI: 1.6726 Qtrly Mcaid CMI w RUG Wght Options: 1.7029			<u>Facility Specific</u> 1.5938 1.6726 1.7029	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,494,237	\$1,803,057	\$0	\$338,910	\$366,945	\$0	\$618,853		\$366,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$77,258)	\$2,600	\$0	\$0	(\$902)	(\$943)	(\$56,934)		(\$21,079)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,416		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,973
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,480,368	\$1,805,657	\$0	\$338,910	\$366,043	(\$943)	\$561,919	\$42,416	\$345,393	\$20,973
8	Total Nursing Facility Days As Filed Days = 19,705	FY21 Audited C/R Days	19,705									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,705	FY21 GL-PL Ins Rpt Days								19,705		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.62	\$91.63	\$0.00	\$17.20	\$18.53	(with L&H)	\$28.52	\$2.15	\$17.53	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5938								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.49	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.09	\$57.49	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	13.14 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.09	\$57.49	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7029								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.50	\$97.90	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.59	\$2.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.09	\$100.39	\$0.00	\$17.42	\$18.94	\$0.00	\$45.99	\$2.15	\$13.14	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.30% Nurse Hours per On-Site Day/Quality Incentive: 3.09		<u>Facility Score</u> 3.09	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5766 Quarterly Medicaid CMI: 1.6367 Qtrly Mcaid CMI w RUG Wght Options: 1.6641			<u>Facility Specific</u> 1.5766 1.6367 1.6641	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,788,419	\$2,976,534	\$0	\$398,248	\$694,812	\$0	\$1,378,163		\$340,662	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$561,835)	(\$23,090)	\$0	\$0	(\$2,638)	(\$2,378)	(\$498,265)		(\$35,464)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$508,343		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,124
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,770,051	\$2,953,444	\$0	\$398,248	\$692,174	(\$2,378)	\$879,898	\$508,343	\$305,198	\$35,124
8	Total Nursing Facility Days As Filed Days = 21,629	FY21 Audited C/R Days	21,629									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,629	FY21 GL-PL Ins Rpt Days								21,629		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$266.76	\$136.55	\$0.00	\$18.41	\$31.89	(with L&H)	\$40.68	\$23.50	\$14.11	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5766								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.61	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.76	\$86.61	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.82 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.76	\$86.61	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6641								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.28	\$144.13	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.21	\$7.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.07	\$11.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$294.35	\$155.47	\$0.00	\$18.63	\$32.30	\$0.00	\$54.01	\$23.50	\$8.82	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHURCH HOME REHABILITATION AND HEALTHCARE				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140467A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5171	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	25.00%	1.0%	Quarterly Medicaid CMI:				1.5679	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	4.10	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5981	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,650,815	\$2,425,015	\$0	\$660,934	\$399,281	\$0	\$793,410		\$372,175	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,224)	(\$55,742)	\$0	\$0	\$0	\$0	\$24,926		(\$14,408)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$30,816		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,408
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,650,815	\$2,369,273	\$0	\$660,934	\$399,281	\$0	\$818,336	\$30,816	\$357,767	\$14,408
8	Total Nursing Facility Days As Filed Days = 21,474	FY21 Audited C/R Days	21,474									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,474	FY21 GL-PL Ins Rpt Days								21,474		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.58	\$110.33	\$0.00	\$30.78	\$18.59	(with L&H)	\$38.11	\$1.44	\$16.66	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5171								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.72	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.56	\$72.72	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5981								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.05	\$116.21	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$6.34	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.90	\$122.55	\$0.00	\$26.82	\$19.00	\$0.00	\$54.01	\$1.44	\$30.41	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CALHOUN NURSING HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140478A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8198	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		46.43%	5.5%	Quarterly Medicaid CMI:			1.7691	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8037	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,863,425	\$3,135,821	\$0	\$458,145	\$478,420	\$0	\$574,906		\$216,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$147,697)	(\$1,834)	\$0	\$0	\$1,459	(\$6,338)	(\$120,321)		(\$20,663)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,321		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,784
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,856,833	\$3,133,987	\$0	\$458,145	\$479,879	(\$6,338)	\$454,585	\$120,321	\$195,470	\$20,784
8	Total Nursing Facility Days As Filed Days = 19,676	FY21 Audited C/R Days	19,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,676	FY21 GL-PL Ins Rpt Days								19,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$246.84	\$159.28	\$0.00	\$23.28	\$24.07	(with L&H)	\$23.10	\$6.12	\$9.93	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8198								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.04	\$87.52	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	15.89 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.04	\$87.52	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8037								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.38	\$157.86	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$15.89	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.68	\$8.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.74	\$4.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.05	\$13.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$283.43	\$171.81	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$15.89	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CANTON CENTER FOR NURSING AND HEALING LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140511A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5413	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		20.83%	1.0%	Quarterly Medicaid CMI:			1.8315	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.23	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8673	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,135,629	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,242,585		\$152,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$234,458)	\$0	\$0	\$0	\$0	\$0	(\$182,750)		(\$51,708)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$114,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,708
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,067,599	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,059,835	\$114,720	\$100,776	\$51,708
8	Total Nursing Facility Days As Filed Days = 26,879	FY21 Audited C/R Days	26,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,879	FY21 GL-PL Ins Rpt Days								26,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.73	\$117.98	\$0.00	\$24.13	\$34.25	(with L&H)	\$39.43	\$4.27	\$3.75	\$1.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.53	\$76.55	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47 (FRV)	\$1.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.53	\$76.55	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8673								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.92	\$142.94	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.06	\$147.76	\$0.00	\$24.35	\$33.28	\$0.00	\$54.01	\$4.27	\$12.47	\$1.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.32% Nurse Hours per On-Site Day/Quality Incentive: 3.14		<u>Facility Score</u> 3.14	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5635 Quarterly Medicaid CMI: 1.5233 Qtrly Mcaid CMI w RUG Wght Options: 1.5481			<u>Facility Specific</u> 1.5635 1.5233 1.5481	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,972,415	\$3,679,811	\$0	\$556,914	\$627,638	\$0	\$1,292,330		\$815,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332		(\$55,131)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$55,131
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,970,731	\$3,600,272	\$0	\$542,249	\$627,638	\$16,726	\$1,355,662	\$12,462	\$760,591	\$55,131
8	Total Nursing Facility Days As Filed Days = 30,853	FY21 Audited C/R Days	30,853									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853	FY21 GL-PL Ins Rpt Days								30,853		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.93	\$116.69	\$0.00	\$17.58	\$20.88	(with L&H)	\$43.94	\$0.40	\$24.65	\$1.79
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5635								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.63	\$0.00	\$17.58	\$20.88		\$43.94	\$0.40	\$24.65	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88		\$36.91	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.20	\$74.63	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5481								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.10	\$115.53	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.99	\$120.69	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.17									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Cottages at Rockmart				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140544A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6883	1.5751	
H/B ?: No				BIMS:		23.7%	1.0%	Quarterly Medicaid CMI:			1.6631	1.5195	
MDS & Nurse Hrs Data per Quarter Ending:				10/01/23		4.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6943	1.5463	
				06/30/23		Nurse Hours per On-Site Day/Quality Incentive:							

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CALHOUN HEALTH CARE CENTER Prvdr ID: 00140577A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6411	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		41.77%	2.5%	Quarterly Medicaid CMI:			1.8217	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.41	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8573	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,956,310	\$2,240,206	\$0	\$588,060	\$485,069	\$0	\$1,061,986		\$580,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$246,636)	\$5	\$0	\$3,051	(\$4,514)	(\$3,911)	(\$208,856)		(\$32,411)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,470		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,944,882	\$2,240,211	\$0	\$591,111	\$480,555	(\$3,911)	\$853,130	\$158,470	\$548,578	\$76,738
8	Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.26	\$85.29	\$0.00	\$22.50	\$18.15	(with L&H)	\$32.48	\$6.03	\$20.89	\$2.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6411								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32 (FRV)	\$2.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.37	\$51.97	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8573								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.92	\$96.52	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.94	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.86	\$102.36	\$0.00	\$22.72	\$18.56	\$0.00	\$49.95	\$6.03	\$9.32	\$2.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CAMELLIA HEALTH & REHABILITATION Prvdr ID: 00140588A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.78% Nurse Hours per On-Site Day/Quality Incentive: 3.14		<u>Facility Score</u> 3.14	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6124 Quarterly Medicaid CMI: 1.5817 Qtrly Mcaid CMI w RUG Wght Options: 1.6116			<u>Facility Specific</u> 1.6124 1.5817 1.6116	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,668,198	\$1,921,832	\$0	\$438,663	\$444,303	\$0	\$651,593		\$211,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$157,821)	(\$7,877)	\$0	(\$466)	(\$1,455)	(\$2,649)	(\$122,922)		(\$22,452)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,454		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,643,099	\$1,913,955	\$0	\$438,197	\$442,848	(\$2,649)	\$528,671	\$110,454	\$189,355	\$22,268
8	Total Nursing Facility Days As Filed Days = 16,319	FY21 Audited C/R Days	16,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,319	FY21 GL-PL Ins Rpt Days								16,340		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.95	\$117.13	\$0.00	\$26.82	\$26.94	(with L&H)	\$32.35	\$6.76	\$11.59	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6124								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.80	\$72.64	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6116								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.23	\$117.07	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.85	\$5.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.19	\$9.31	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.42	\$126.38	\$0.00	\$26.82	\$27.35	\$0.00	\$49.82	\$6.76	\$9.93	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FORT GAINES HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140599A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9328	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.8286	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.53	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8625	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$22,250		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,114,672	\$1,557,848	\$0	\$367,087	\$421,569	\$1,559	\$1,374,120	\$22,250	\$316,508	\$53,731
8	Total Nursing Facility Days As Filed Days = 17,093	FY21 Audited C/R Days	17,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,093	FY21 GL-PL Ins Rpt Days								17,093		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.72	\$91.14	\$0.00	\$21.48	\$24.75	(with L&H)	\$80.39	\$1.30	\$18.52	\$3.14
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9328								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.15	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75		\$36.91	\$1.30	23.86 (FRV)	\$3.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.59	\$47.15	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8625								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.26	\$87.82	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.23	\$94.06	\$0.00	\$21.70	\$25.16	\$0.00	\$54.01	\$1.30	\$23.86	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON Prvdr ID: 00140621A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 26.98% Nurse Hours per On-Site Day/Quality Incentive: 2.55		<u>Facility Score</u> 2.55	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4983 Quarterly Medicaid CMI: 1.8482 Qtrly Mcaid CMI w RUG Wght Options: 1.8844			<u>Facility Specific</u> 1.4983 1.8482 1.8844	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,717,130	\$3,346,221	\$0	\$563,547	\$562,123	\$0	\$1,166,941		\$1,078,298	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,984		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,604
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,677,223	\$3,236,081	\$0	\$563,547	\$562,123	\$1,380	\$1,100,810	\$134,984	\$971,694	\$106,604
8	Total Nursing Facility Days As Filed Days = 37,338	FY21 Audited C/R Days	37,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,338	FY21 GL-PL Ins Rpt Days								37,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.83	\$86.67	\$0.00	\$15.09	\$15.09	(with L&H)	\$29.48	\$3.62	\$26.02	\$2.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4983								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20 (FRV)	\$2.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.18	\$57.84	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8844								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.33	\$108.99	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.32	\$113.88	\$0.00	\$15.31	\$15.50	\$0.00	\$46.95	\$3.62	\$9.20	\$2.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRIAN CENTER HEALTH & REHABILITATION CANTON				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State- wide
Prvdr ID: 00140643A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7426	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.29%	1.0%	Quarterly Medicaid CMI:			1.7572	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7903	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,139,629	\$4,211,038	\$0	\$471,482	\$570,503	\$0	\$1,025,044		\$861,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$195,402	(\$14,676)	\$0	\$0	\$639	\$839	\$268,765		(\$60,165)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$106,243		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,336
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,501,610	\$4,196,362	\$0	\$471,482	\$571,142	\$839	\$1,293,809	\$106,243	\$801,397	\$60,336
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.40	\$141.20	\$0.00	\$15.86	\$19.25	(with L&H)	\$43.53	\$3.57	\$26.96	\$2.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7426								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.03	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10 (FRV)	\$2.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.75	\$81.03	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7903								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$145.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.79	\$145.07	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.35	\$4.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.06	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$260.85	\$151.40	\$0.00	\$16.08	\$19.66	\$0.00	\$54.01	\$3.57	\$14.10	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HEALTHCARE AT COLLEGE PARK, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140654A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4724	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.16%	2.5%	Quarterly Medicaid CMI:			1.4036	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4302	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,735	\$2,065,744	\$0	\$468,472	\$516,636	\$0	\$797,064		\$754,819	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$145,528)	(\$8,315)	\$0	\$0	\$0	\$0	(\$55,338)		(\$81,875)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$81,875
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,082	\$2,057,429	\$0	\$468,472	\$516,636	\$0	\$741,726	\$0	\$672,944	\$81,875
8	Total Nursing Facility Days As Filed Days = 27,762	FY21 Audited C/R Days	27,762									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,762	FY21 GL-PL Ins Rpt Days								27,762		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.50	\$74.11	\$0.00	\$16.87	\$18.61	(with L&H)	\$26.72	\$0.00	\$24.24	\$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4724								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.11	\$50.33	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4302								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.76	\$71.98	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.44	\$1.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.63	\$75.75	\$0.00	\$17.09	\$19.02	\$0.00	\$44.19	\$0.00	\$8.63	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LIFE CARE CENTER Prvdr ID: 00140665A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3880	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		34.57%	2.5%	Quarterly Medicaid CMI:			1.5458	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.48	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5731	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,373,050	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$874,011		\$657,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$198,376)	\$0	\$0	\$0	\$0	\$0	(\$121,848)		(\$76,528)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,222		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,528
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,345,424	\$3,614,283	\$0	\$488,283	\$738,484	\$0	\$752,163	\$94,222	\$581,461	\$76,528
8	Total Nursing Facility Days As Filed Days = 35,590	FY21 Audited C/R Days	35,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,590	FY21 GL-PL Ins Rpt Days								35,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$178.29	\$101.55	\$0.00	\$13.72	\$20.75	(with L&H)	\$21.13	\$2.65	\$16.34	\$2.15
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.3880								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	\$16.34	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75		\$21.13	\$2.65	14.93 (FRV)	\$2.15
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$73.16	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5731								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.42	\$115.09	\$0.00	\$13.72	\$20.75	\$0.00	\$21.13	\$2.65	\$14.93	\$2.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.60	\$4.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.53	\$123.10	\$0.00	\$13.94	\$21.16	\$0.00	\$38.60	\$2.65	\$14.93	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - EASTSIDE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140687A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4455	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		42.86%	2.5%	Quarterly Medicaid CMI:			1.3562	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.29	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3791	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,036,126	\$3,511,331	\$0	\$498,616	\$656,759	\$0	\$1,135,833		\$233,587	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$444,317)	(\$87,082)	\$0	\$0	\$0	\$782	(\$307,046)		(\$50,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,257		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,971
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,033,037	\$3,424,249	\$0	\$498,616	\$656,759	\$782	\$828,787	\$390,257	\$182,616	\$50,971
8	Total Nursing Facility Days As Filed Days = 28,228	FY21 Audited C/R Days	28,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,228	FY21 GL-PL Ins Rpt Days								28,228		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.73	\$121.31	\$0.00	\$17.66	\$23.29	(with L&H)	\$29.36	\$13.83	\$6.47	\$1.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4455								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57 (FRV)	\$1.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.45	\$83.93	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3791								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.27	\$115.75	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.15	\$8.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.42	\$123.80	\$0.00	\$17.88	\$23.70	\$0.00	\$46.83	\$13.83	\$12.57	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROME HEALTH AND REHABILITATION CENTER Prvdr ID: 00140753A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 26.23% Nurse Hours per On-Site Day/Quality Incentive: 3.14		<u>Facility Score</u> 3.14	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8019 Quarterly Medicaid CMI: 1.6922 Qtrly Mcaid CMI w RUG Wght Options: 1.7218			<u>Facility Specific</u> 1.8019 1.6922 1.7218	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$394,807	(\$3,287)	\$0	(\$2,205)	(\$1,393)	(\$1,059)	\$447,266		(\$44,515)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,219		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,424
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,809,470	\$3,602,858	\$0	\$520,376	\$517,179	(\$1,059)	\$1,364,987	\$4,219	\$1,779,486	\$21,424
8	Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8019								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.31	\$76.12	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7218								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.25	\$131.06	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.75	\$136.83	\$0.00	\$20.03	\$20.06	\$0.00	\$54.01	\$0.16	\$13.84	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - CRESTWOOD, LLC Prvdr ID: 00140764A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 48.94% Nurse Hours per On-Site Day/Quality Incentive: 4.05		<u>Facility Score</u> 4.05	<u>Add-on Percent</u> 5.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5525 Quarterly Medicaid CMI: 1.5170 Qtrly Mcaid CMI w RUG Wght Options: 1.5451			<u>Facility Specific</u> 1.5525 1.5170 1.5451	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,731,627	\$2,449,052	\$0	\$387,604	\$612,442	\$0	\$986,414		\$296,115	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$343,220		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,000
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,723,270	\$2,442,708	\$0	\$387,604	\$612,442	\$1,152	\$642,895	\$343,220	\$263,249	\$30,000
11	Total Nursing Facility Days As Filed Days = 21,669	FY21 Audited C/R Days	21,669									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,669	FY21 GL-PL Ins Rpt Days								21,669		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.98	\$112.73	\$0.00	\$17.89	\$28.32	(with L&H)	\$29.67	\$15.84	\$12.15	\$1.38
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5525								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.61								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.61	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.87	\$72.61	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5451								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.19								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.45	\$112.19	\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.17	\$6.17								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.61	\$5.61								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.41	\$12.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.86	\$124.50	\$0.00	\$18.11	\$28.73	\$0.00	\$47.14	\$15.84	\$10.16	\$1.38
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GATEWAY HEALTH AND REHAB				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140786A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7407	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.7276	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7621	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,816,748	\$2,220,290	\$0	\$339,604	\$418,630	\$0	\$586,622		\$251,602	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)		(\$8,806)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,373		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,442
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,823,257	\$2,220,075	\$0	\$339,604	\$418,630	\$0	\$497,337	\$93,373	\$242,796	\$11,442
8	Total Nursing Facility Days As Filed Days = 15,216	FY21 Audited C/R Days	15,216									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,216	FY21 GL-PL Ins Rpt Days								15,216		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.27	\$145.90	\$0.00	\$22.32	\$27.51	(with L&H)	\$32.69	\$6.14	\$15.96	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7407								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.82								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.98	\$83.82	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7621								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.86	\$147.70	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$6.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$269.40	\$154.14	\$0.00	\$22.54	\$27.92	\$0.00	\$50.16	\$6.14	\$7.75	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DAWSON HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140808A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4959	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		25.49%	1.0%	Quarterly Medicaid CMI:			1.4279	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.52	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4506	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,035,241	\$2,042,645	\$0	\$447,494	\$470,551	\$0	\$699,322		\$375,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$170,413)	(\$27,395)	\$0	(\$501)	(\$5,967)	(\$950)	(\$110,986)		(\$24,614)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,797		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,550
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,967,175	\$2,015,250	\$0	\$446,993	\$464,584	(\$950)	\$588,336	\$77,797	\$350,615	\$24,550
8	Total Nursing Facility Days As Filed Days = 17,520	FY21 Audited C/R Days	17,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,520	FY21 GL-PL Ins Rpt Days								17,636		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.95	\$114.27	\$0.00	\$25.35	\$26.29	(with L&H)	\$33.36	\$4.41	\$19.88	\$1.39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4959								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.53	\$76.39	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4506								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.95	\$110.81	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.43	\$4.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.12	\$116.88	\$0.00	\$25.57	\$26.70	\$0.00	\$50.83	\$4.41	\$10.34	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 30.26% Nurse Hours per On-Site Day/Quality Incentive: 3.49		<u>Facility Score</u> 3.49	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5420 Quarterly Medicaid CMI: 1.5747 Qtrly Mcaid CMI w RUG Wght Options: 1.6010			<u>Facility Specific</u> 1.5420 1.5747 1.6010	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,416,140	\$3,114,703	\$0	\$692,914	\$606,621	\$0	\$761,266		\$240,636	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$180,187		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,120
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,410,391	\$3,101,057	\$0	\$692,914	\$606,621	\$0	\$588,976	\$180,187	\$179,516	\$61,120
11	Total Nursing Facility Days As Filed Days = 29,737	FY21 Audited C/R Days	29,737									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,737	FY21 GL-PL Ins Rpt Days								29,737		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.95	\$104.28	\$0.00	\$23.30	\$20.40	(with L&H)	\$19.81	\$6.06	\$6.04	\$2.06
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5420								
15	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.63								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06
17	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.42	\$67.63	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6010								
22	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.28								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.07	\$108.28	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.66	\$114.77	\$0.00	\$23.52	\$20.81	\$0.00	\$37.28	\$6.06	\$12.16	\$2.06
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EARLY MEMORIAL NURSING FACILITY				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140874A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4065	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.78%	1.0%	Quarterly Medicaid CMI:			1.2507	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2702	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,393,189	\$3,423,538	\$0	\$966,214	\$137,875	\$10,025	\$609,334		\$246,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$42,106)	\$0	\$0	\$0	\$7,272	\$529	(\$49,907)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$46,907		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,397,990	\$3,423,538	\$0	\$966,214	\$145,147	\$10,554	\$559,427	\$46,907	\$246,203	\$0
8	Total Nursing Facility Days As Filed Days = 31,597	FY21 Audited C/R Days	31,597									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,597	FY21 GL-PL Ins Rpt Days								31,597		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$170.84	\$108.35	\$0.00	\$30.58	\$4.93	(with L&H)	\$17.71	\$1.48	\$7.79	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4065								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	\$7.79	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93		\$17.71	\$1.48	10.60 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.33	\$77.03	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2702								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.14	\$97.84	\$0.00	\$30.58	\$4.93	\$0.00	\$17.71	\$1.48	\$10.60	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.28	\$102.29	\$0.00	\$30.80	\$4.93	\$0.00	\$35.18	\$1.48	\$10.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EASTVIEW NURSING CENTER Prvdr ID: 00140885A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 26.00% Nurse Hours per On-Site Day/Quality Incentive: 3.23		<u>Facility Score</u> 3.23	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6132 Quarterly Medicaid CMI: 1.5541 Qtrly Mcaid CMI w RUG Wght Options: 1.5843			<u>Facility Specific</u> 1.6132 1.5541 1.5843	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,436,068	\$1,652,452	\$0	\$466,580	\$570,179	\$0	\$657,930		\$88,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,223)	(\$8,683)	\$0	\$173	\$499	\$623	(\$133,453)		(\$51,382)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,629		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,507
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507
8	Total Nursing Facility Days As Filed Days = 18,919	FY21 Audited C/R Days	18,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,919	FY21 GL-PL Ins Rpt Days								18,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.17	\$86.88	\$0.00	\$24.67	\$30.20	(with L&H)	\$27.72	\$5.05	\$1.98	\$2.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6132								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97 (FRV)	\$2.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.14	\$53.86	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5843								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.61	\$85.33	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.04	\$3.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.65	\$89.27	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EFFINGHAM CARE & REHABILITATION CENTER Prvdr ID: 00140907A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.82% Nurse Hours per On-Site Day/Quality Incentive: 4.29		<u>Facility Score</u> 4.29	<u>Add-on Percent</u> 0.00% 2.5% 7.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3073 Quarterly Medicaid CMI: 1.3972 Qtrly Mcaid CMI w RUG Wght Options: 1.4198			<u>Facility Specific</u> 1.3073 1.3972 1.4198	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,565,244	\$5,182,544	\$0	\$673,798	\$223,315	\$231,533	\$4,699,156		\$1,554,898	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,243,873)	(\$538,754)	\$0	\$383,447	\$114,276	\$469,312	(\$683,697)		(\$988,457)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,598
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,352,013	\$4,643,790	\$0	\$1,057,245	\$337,591	\$700,845	\$4,015,459	\$44	\$566,441	\$30,598
8	Total Nursing Facility Days As Filed Days = 32,205	FY21 Audited C/R Days	32,205									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,205	FY21 GL-PL Ins Rpt Days								32,205		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$352.48	\$144.19	\$0.00	\$32.83	\$32.24	(with L&H)	\$124.68	\$0.00	\$17.59	\$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3073								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$110.30	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.63	\$99.82	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4198								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.53	\$141.72	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.92	\$9.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.19	\$13.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.72	\$155.18	\$0.00	\$33.05	\$32.65	\$0.00	\$54.01	\$0.00	\$11.88	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHERN PINES Prvdr ID: 00140918A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.51% Nurse Hours per On-Site Day/Quality Incentive: 3.33		<u>Facility Score</u> 3.33	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8254 Quarterly Medicaid CMI: 1.8325 Qtrly Mcaid CMI w RUG Wght Options: 1.8676			<u>Facility Specific</u> 1.8254 1.8325 1.8676	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,849,570	\$1,987,441	\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,342
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,842,866	\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342
8	Total Nursing Facility Days As Filed Days = 16,384	FY21 Audited C/R Days	16,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,384	FY21 GL-PL Ins Rpt Days								16,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(with L&H)	\$39.73	\$5.65	\$5.43	\$5.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8254								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.45	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12 (FRV)	\$5.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.98	\$66.45	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8676								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.63	\$124.10	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$286.44	\$129.59	\$0.00	\$23.09	\$33.28	\$0.00	\$54.01	\$5.65	\$35.12	\$5.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EMANUEL COUNTY NURSING HOME Prvdr ID: 00140929A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 18.42% Nurse Hours per On-Site Day/Quality Incentive: 4.21		<u>Facility Score</u> 4.21	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2579 Quarterly Medicaid CMI: 1.1779 Qtrly Mcaid CMI w RUG Wght Options: 1.1966			<u>Facility Specific</u> 1.2579 1.1779 1.1966	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$820,110		\$87,104	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,902		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,057,979	\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$813,208	\$6,902	\$87,104	\$0
8	Total Nursing Facility Days As Filed Days = 13,428	FY21 Audited C/R Days	13,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,428	FY21 GL-PL Ins Rpt Days								13,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.20	\$152.04	\$0.00	\$43.32	\$39.28	(with L&H)	\$60.56	\$0.51	\$6.49	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2579								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$120.87	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.34	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1966								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.96	\$119.44	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.68	\$3.58	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.64	\$123.02	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BLUE RIDGE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140973A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5187	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.69%	2.5%	Quarterly Medicaid CMI:			1.4347	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.57	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4600	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,725,030	\$3,087,338	\$0	\$410,677	\$810,443	\$0	\$1,192,709		\$223,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$476,214)	(\$52,343)	\$0	\$0	\$8,744	\$10,262	(\$411,037)		(\$31,840)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,859		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,586
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,261	\$3,034,995	\$0	\$410,677	\$819,187	\$10,262	\$781,672	\$438,859	\$192,023	\$32,586
8	Total Nursing Facility Days As Filed Days = 22,881	FY21 Audited C/R Days	22,881									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,881	FY21 GL-PL Ins Rpt Days								22,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.99	\$132.64	\$0.00	\$17.95	\$36.25	(with L&H)	\$34.16	\$19.18	\$8.39	\$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5187								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.34	\$0.00	\$17.95	\$36.25		\$34.16	\$19.18	\$8.39	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18	9.72 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.05	\$87.34	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4600								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.23	\$127.52	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.38	\$6.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.79	\$10.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.02	\$137.62	\$0.00	\$18.17	\$33.28	\$0.00	\$51.63	\$19.18	\$9.72	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FIFTH AVENUE HEALTH CARE				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140984A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7909	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	29.41%	1.0%	Quarterly Medicaid CMI:			1.4785	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5045	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,044,298	\$3,224,925	\$0	\$572,551	\$750,171	\$0	\$940,930		\$555,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$139,390)	\$24	\$0	\$0	\$2,776	\$2,004	(\$128,473)		(\$15,721)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,076,536	\$3,224,949	\$0	\$572,551	\$752,947	\$2,004	\$812,457	\$155,807	\$540,000	\$15,821
8	Total Nursing Facility Days As Filed Days = 24,771	FY21 Audited C/R Days	24,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,771	FY21 GL-PL Ins Rpt Days								24,771		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.31	\$130.19	\$0.00	\$23.11	\$30.48	(with L&H)	\$32.80	\$6.29	\$21.80	\$0.64
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7909								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.70								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.56	\$72.70	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5045								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.24	\$109.38	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.00	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.24	\$114.28	\$0.00	\$23.33	\$30.89	\$0.00	\$50.27	\$6.29	\$11.54	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FITZGERALD Prvdr ID: 00140995A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 16.67% Nurse Hours per On-Site Day/Quality Incentive: 2.84		<u>Facility Score</u> 2.84	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5804 Quarterly Medicaid CMI: 1.5240 Qtrly Mcaid CMI w RUG Wght Options: 1.5526			<u>Facility Specific</u> 1.5804 1.5240 1.5526	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,832,856	\$2,571,613	\$0	\$377,959	\$635,141	\$0	\$1,038,051		\$210,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,078
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,831,075	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,670	FY21 Audited C/R Days	22,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,670	FY21 GL-PL Ins Rpt Days								22,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.10	\$108.80	\$0.00	\$16.67	\$28.06	(with L&H)	\$35.41	\$14.89	\$8.16	\$1.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5804								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24 (FRV)	\$1.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.22	\$68.84	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5526								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.26	\$106.88	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.97	\$5.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.23	\$112.75	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER Prvdr ID: 00141006A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 35.71% Nurse Hours per On-Site Day/Quality Incentive: 2.49		<u>Facility Score</u> 2.49	<u>Add-on Percent</u> 0.00% 2.5% 1.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4198 Quarterly Medicaid CMI: 1.4219 Qtrly Mcaid CMI w RUG Wght Options: 1.4458			<u>Facility Specific</u> 1.4198 1.4219 1.4458	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,838,739	\$2,905,162	\$0	\$414,523	\$411,877	\$0	\$724,920		\$382,257	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,877		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,820,881	\$2,904,240	\$0	\$412,137	\$410,276	\$3,325	\$652,869	\$55,877	\$356,404	\$25,753
8	Total Nursing Facility Days As Filed Days = 27,366	FY21 Audited C/R Days	27,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,366	FY21 GL-PL Ins Rpt Days								27,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.16	\$106.13	\$0.00	\$15.06	\$15.11	(with L&H)	\$23.86	\$2.04	\$13.02	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4198								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	9.17 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$74.75	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4458								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.25	\$108.07	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.08	\$1.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.66	\$112.38	\$0.00	\$15.28	\$15.52	\$0.00	\$41.33	\$2.04	\$9.17	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.67									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FORSYTH				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141017A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4762	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		20.83%	1.0%	Quarterly Medicaid CMI:			1.4390	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4618	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,169,233	\$2,273,036	\$0	\$331,959	\$509,569	\$0	\$861,365		\$193,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$378,059)	(\$68,537)	\$0	\$1,588	(\$1,269)	(\$1,085)	(\$279,357)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,354		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,140
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,119,668	\$2,204,499	\$0	\$333,547	\$508,300	(\$1,085)	\$582,008	\$309,354	\$163,905	\$19,140
8	Total Nursing Facility Days As Filed Days = 17,576	FY21 Audited C/R Days	17,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,576	FY21 GL-PL Ins Rpt Days								17,576		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.40	\$125.43	\$0.00	\$18.98	\$28.86	(with L&H)	\$33.11	\$17.60	\$9.33	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4762								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.84	\$84.97	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4618								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.08	\$124.21	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.21	\$6.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.16	\$132.19	\$0.00	\$19.20	\$29.27	\$0.00	\$50.58	\$17.60	\$9.23	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FORT VALLEY HEALTH AND REHAB Prvdr ID: 00141028A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 14.29% Nurse Hours per On-Site Day/Quality Incentive: 3.22		<u>Facility Score</u> 3.22	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8498 Quarterly Medicaid CMI: 1.7478 Qtrly Mcaid CMI w RUG Wght Options: 1.7817			<u>Facility Specific</u> 1.8498 1.7478 1.7817	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,142,395	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,711)	(\$11,070)	\$0	\$0	\$0	\$0	(\$43,878)		(\$44,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,153		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,123,600	\$1,694,376	\$0	\$332,714	\$360,456	\$0	\$1,041,502	\$36,153	\$613,636	\$44,763
8	Total Nursing Facility Days	FY21 Audited C/R Days	18,587									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								18,587		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.85	\$91.16	\$0.00	\$17.90	\$19.39	(with L&H)	\$56.03	\$1.95	\$33.01	\$2.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8498								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87 (FRV)	\$2.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.71	\$49.28	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7817								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.23	\$87.80	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.89	\$3.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.12	\$90.96	\$0.00	\$18.12	\$19.80	\$0.00	\$54.01	\$1.95	\$9.87	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FRANKLIN				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141039A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3832	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		16.98%	0.0%	Quarterly Medicaid CMI:			1.4578	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.26	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4827	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,598,729	\$2,512,963	\$0	\$386,052	\$467,195	\$0	\$959,198		\$273,321	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$413,210)	(\$78,686)	\$0	(\$141)	(\$1,645)	(\$2,125)	(\$308,243)		(\$22,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$336,460		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,292
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,271	\$2,434,277	\$0	\$385,911	\$465,550	(\$2,125)	\$650,955	\$336,460	\$250,951	\$17,292
8	Total Nursing Facility Days As Filed Days = 22,332	FY21 Audited C/R Days	22,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332	FY21 GL-PL Ins Rpt Days								22,332		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$203.26	\$109.00	\$0.00	\$17.28	\$20.75	(with L&H)	\$29.15	\$15.07	\$11.24	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3832								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.95	\$78.80	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4827								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.99	\$116.84	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.47	\$6.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.46	\$123.21	\$0.00	\$17.50	\$21.16	\$0.00	\$46.62	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NEW HORIZONS LANIER PARK Prvdr ID: 00141072A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3226	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		17.78%	0.0%	Quarterly Medicaid CMI:			1.2540	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2712	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,712,389	\$5,630,388	\$0	\$1,619,315	\$706,078	\$1,152,033	\$2,097,757		\$1,506,818	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,521)	\$2,283	\$0	\$0	(\$2,283)	\$0	(\$132,778)		(\$25,743)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,984		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,743
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,659,595	\$5,632,671	\$0	\$1,619,315	\$703,795	\$1,152,033	\$1,964,979	\$79,984	\$1,481,075	\$25,743
8	Total Nursing Facility Days As Filed Days = 36,236	FY21 Audited C/R Days	36,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,236	FY21 GL-PL Ins Rpt Days								36,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.37	\$155.44	\$0.00	\$44.69	\$51.22	(with L&H)	\$54.23	\$2.21	\$40.87	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3226								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.52	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$231.28	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2712								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.35	\$126.89	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$3.81	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$279.26	\$130.70	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.21	\$21.22	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DOUGLASVILLE NURSING AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141083A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6343	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		44.20%	2.5%	Quarterly Medicaid CMI:			1.6657	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.84	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6968	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,805,411	\$9,437,945	\$0	\$1,223,959	\$1,297,180	\$0	\$2,080,778		\$765,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,171)	\$8,058	\$0	(\$2,045)	(\$8,252)	(\$1,961)	(\$166,441)		(\$137,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$162,391		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$130,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,789,856	\$9,446,003	\$0	\$1,221,914	\$1,288,928	(\$1,961)	\$1,914,337	\$162,391	\$628,019	\$130,225
8	Total Nursing Facility Days As Filed Days = 70,776	FY21 Audited C/R Days	70,776									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,776	FY21 GL-PL Ins Rpt Days								70,776		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	(with L&H)	\$27.05	\$2.29	\$8.87	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6343								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	13.70 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.98	\$81.66	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6968								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.88	\$138.56	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.74	\$145.32	\$0.00	\$17.48	\$18.59	\$0.00	\$44.52	\$2.29	\$13.70	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GIBSON HEALTH AND REHABILITATION Prvdr ID: 00141116A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5589	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.3284	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.92	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3466	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,857,963	\$2,599,627	\$0	\$474,932	\$486,778	\$0	\$868,437		\$428,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$177,617)	(\$2,841)	\$0	(\$641)	\$1,766	\$1,358	(\$141,623)		(\$35,636)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,399		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,907
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,825,652	\$2,596,786	\$0	\$474,291	\$488,544	\$1,358	\$726,814	\$109,399	\$392,553	\$35,907
8	Total Nursing Facility Days As Filed Days = 22,439	FY21 Audited C/R Days	22,623									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,439	FY21 GL-PL Ins Rpt Days								22,623		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.32	\$114.79	\$0.00	\$20.96	\$21.66	(with L&H)	\$32.13	\$4.84	\$17.35	\$1.59
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5589								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	\$17.35	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.80	\$73.64	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3466								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.32	\$99.16	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$7.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.39	\$107.13	\$0.00	\$21.18	\$22.07	\$0.00	\$49.60	\$4.84	\$10.98	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141127A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9763	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		19.35%	0.0%	Quarterly Medicaid CMI:			1.8268	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.19	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8628	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,438,715	\$3,393,185	\$0	\$567,507	\$716,689	\$0	\$1,599,507		\$161,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$194,832)	\$0	\$0	\$0	(\$3,063)	(\$18,575)	(\$79,166)		(\$94,028)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,166		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,837
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,415,886	\$3,393,185	\$0	\$567,507	\$713,626	(\$18,575)	\$1,520,341	\$79,166	\$67,799	\$92,837
8	Total Nursing Facility Days As Filed Days = 32,051	FY21 Audited C/R Days	32,051									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,051	FY21 GL-PL Ins Rpt Days								32,051		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.20	\$105.87	\$0.00	\$17.71	\$21.69	(with L&H)	\$47.44	\$2.47	\$2.12	\$2.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9763								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.57	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92 (FRV)	\$2.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.17	\$53.57	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8628								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.39	\$99.79	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.99	\$4.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.64	\$105.31	\$0.00	\$17.93	\$22.10	\$0.00	\$54.01	\$2.47	\$19.92	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COMFORT CREEK NURSING AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141138A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5027	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.40%	1.0%	Quarterly Medicaid CMI:			1.5568	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.65	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5862	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,032,177	\$2,677,046	\$0	\$405,477	\$472,929	\$0	\$731,285		\$745,440	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,011,445	\$2,677,046	\$0	\$405,477	\$471,388	(\$1,056)	\$640,188	\$73,086	\$722,888	\$22,428
8	Total Nursing Facility Days As Filed Days = 29,778	FY21 Audited C/R Days	29,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,778	FY21 GL-PL Ins Rpt Days								29,778		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$168.29	\$89.90	\$0.00	\$13.62	\$15.79	(with L&H)	\$21.50	\$2.45	\$24.28	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5027								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.49	\$59.83	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5862								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.56	\$94.90	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.43	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.99	\$99.23	\$0.00	\$13.84	\$16.20	\$0.00	\$38.97	\$2.45	\$9.55	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENN-MOR NURSING HOME				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State- wide
Prvdr ID: 00141149A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2987	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		19.67%	0.0%	Quarterly Medicaid CMI:			1.1744	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1922	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,231,424		\$627,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$36,477)	\$0	\$0	\$0	\$0	\$0	(\$28,900)		(\$7,577)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,577
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,202,524	\$28,900	\$619,507	\$7,577
8	Total Nursing Facility Days As Filed Days = 19,782	FY21 Audited C/R Days	19,782									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,782	FY21 GL-PL Ins Rpt Days								19,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$300.01	\$134.47	\$0.00	\$29.86	\$41.73	(with L&H)	\$60.79	\$1.46	\$31.32	\$0.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2987								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.54	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.05	\$99.82	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1922								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.24	\$119.01	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.89	\$3.57	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.13	\$122.58	\$0.00	\$30.08	\$33.28	\$0.00	\$54.01	\$1.46	\$10.34	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENVUE HEALTH AND REHAB Prvdr ID: 00141171A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.45% Nurse Hours per On-Site Day/Quality Incentive: 2.73		<u>Facility Score</u> 2.73	<u>Add-on Percent</u> 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6106 Quarterly Medicaid CMI: 1.6632 Qtrly Mcaid CMI w RUG Wght Options: 1.6953			<u>Facility Specific</u> 1.6106 1.6632 1.6953	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,037,880	\$3,925,428	\$0	\$753,985	\$708,663	\$0	\$1,219,205		\$1,430,599	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$305,313)	(\$26,848)	\$0	\$0	\$0	\$0	(\$194,565)		(\$83,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,037,880	\$3,898,580	\$0	\$753,985	\$708,663	\$0	\$1,024,640	\$221,413	\$1,346,699	\$83,900
8	Total Nursing Facility Days As Filed Days = 37,057	FY21 Audited C/R Days	37,057									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,057	FY21 GL-PL Ins Rpt Days								37,057		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$216.89	\$105.20	\$0.00	\$20.35	\$19.12	(with L&H)	\$27.65	\$5.97	\$36.34	\$2.26
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6106								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93 (FRV)	\$2.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.60	\$65.32	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6953								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.02	\$110.74	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$3.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.97	\$114.59	\$0.00	\$20.57	\$19.53	\$0.00	\$45.12	\$5.97	\$9.93	\$2.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GRACEMORE NURSING AND REHAB				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141182A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5695	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		51.52%	5.5%	Quarterly Medicaid CMI:			1.4447	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.69	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4692	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,201,032	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$515,840		\$64,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,253		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,274
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,200,427	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$463,982	\$51,253	\$41,628	\$23,274
8	Total Nursing Facility Days As Filed Days = 11,573	FY21 Audited C/R Days	11,573									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,573	FY21 GL-PL Ins Rpt Days								11,573		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	(with L&H)	\$40.09	\$4.43	\$3.60	\$2.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5695								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.80	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32 (FRV)	\$2.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.57	\$99.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4692								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.40	\$146.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.06	\$8.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.50	\$15.40	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.90	\$162.03	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.43	\$8.32	\$2.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRANDVIEW				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141215A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6208	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		11.32%	0.0%	Quarterly Medicaid CMI:			1.5789	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.90	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6068	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,254,657	\$2,952,020	\$0	\$434,245	\$551,216	\$0	\$1,009,079		\$308,097	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)	\$722	(\$327,858)		(\$84,533)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,461		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,760
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,219,252	\$2,926,136	\$0	\$434,245	\$550,143	\$722	\$681,221	\$309,461	\$223,564	\$93,760
8	Total Nursing Facility Days As Filed Days = 20,768	FY21 Audited C/R Days	20,768									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,768	FY21 GL-PL Ins Rpt Days								20,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$251.30	\$140.90	\$0.00	\$20.91	\$26.52	(with L&H)	\$32.80	\$14.90	\$10.76	\$4.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6208								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56 (FRV)	\$4.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.13	\$86.93	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6068								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.88	\$139.68	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.98	\$6.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.61	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$276.49	\$147.19	\$0.00	\$21.13	\$26.93	\$0.00	\$50.27	\$14.90	\$11.56	\$4.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GRANDVIEW HEALTH CARE CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141226A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.8139	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	17.31%	0.0%	Quarterly Medicaid CMI:			1.9805	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.20	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0194	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,942	\$2,077,995	\$0	\$426,984	\$306,371	\$0	\$857,870		\$852,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$94,211		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$149,325
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,514,490	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$705,892	\$94,211	\$800,053	\$149,325
8	Total Nursing Facility Days As Filed Days = 19,328	FY21 Audited C/R Days	19,328									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,328	FY21 GL-PL Ins Rpt Days								19,328		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$233.56	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$36.52	\$4.87	\$41.39	\$7.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8139								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02 (FRV)	\$7.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.03	\$57.95	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0194								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.10	\$117.02	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.89	\$2.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.99	\$119.89	\$0.00	\$22.31	\$16.26	\$0.00	\$53.91	\$4.87	\$12.02	\$7.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AZALEALAND NURSING HOME Prvdr ID: 00141237A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 69.44% Nurse Hours per On-Site Day/Quality Incentive: 3.43		<u>Facility Score</u> 3.43	<u>Add-on Percent</u> 0.00% 5.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6306 Quarterly Medicaid CMI: 1.6215 Qtrly Mcaid CMI w RUG Wght Options: 1.6539			<u>Facility Specific</u> 1.6306 1.6215 1.6539	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,155,510		\$847,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$200,925)	\$0	\$0	\$0	\$0	\$0	(\$104,445)		(\$96,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,445		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,051,065	\$104,445	\$751,336	\$96,480
8	Total Nursing Facility Days	FY21 Audited C/R Days	24,829									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								24,829		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$273.03	\$136.27	\$0.00	\$34.26	\$21.81	(with L&H)	\$42.33	\$4.21	\$30.26	\$3.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6306								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.57	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65 (FRV)	\$3.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.86	\$83.57	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6539								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.51	\$138.22	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.60	\$7.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.40	\$10.89	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$277.91	\$149.11	\$0.00	\$26.82	\$22.22	\$0.00	\$54.01	\$4.21	\$17.65	\$3.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSWELL NURSING & REHAB CENTER Prvdr ID: 00141248A				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.7232	1.5751	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score	35.26%	2.5%	Quarterly Medicaid CMI:			1.5579	1.5469	
				Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5851	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,974,874	\$8,604,791	\$0	\$1,270,308	\$1,240,686	\$0	\$2,517,876		\$2,341,213	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$222,941)	(\$66,917)	\$0	\$0	\$0	\$0	\$39,541		(\$195,565)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$27,376		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$195,565
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$15,974,874	\$8,537,874	\$0	\$1,270,308	\$1,240,686	\$0	\$2,557,417	\$27,376	\$2,145,648	\$195,565
8	Total Nursing Facility Days As Filed Days = 65,953	FY21 Audited C/R Days	65,953									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,953	FY21 GL-PL Ins Rpt Days								65,953		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.22	\$129.45	\$0.00	\$19.26	\$18.81	(with L&H)	\$38.78	\$0.42	\$32.53	\$2.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7232								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.71	\$75.12	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5851								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.66	\$119.07	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.47	\$126.15	\$0.00	\$19.48	\$19.22	\$0.00	\$54.01	\$0.42	\$10.22	\$2.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PREMIER ESTATES OF DUBLIN, LLC Prvdr ID: 00141281A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 15.79% Nurse Hours per On-Site Day/Quality Incentive: no data		<u>Facility Score</u> 15.79% no data	<u>Add-on Percent</u> 0.00% 0.0% 0.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5386 Quarterly Medicaid CMI: 1.4024 Qtrly Mcaid CMI w RUG Wght Options: 1.4262			<u>Facility Specific</u> 1.5386 1.4024 1.4262	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,389	\$2,880,516	\$0	\$614,525	\$528,902	\$0	\$1,074,836		\$1,135,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,038
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038
8	Total Nursing Facility Days As Filed Days = 28,950	FY21 Audited C/R Days	28,950									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,950	FY21 GL-PL Ins Rpt Days								28,950		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.72	\$98.99	\$0.00	\$21.23	\$18.27	(with L&H)	\$29.08	\$6.87	\$38.35	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5386								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	8.80 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.52	\$64.34	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4262								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.94	\$91.76	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.57	\$92.29	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HABERSHAM HOME Prvdr ID: 00141292A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 41.51% Nurse Hours per On-Site Day/Quality Incentive: 3.22		<u>Facility Score</u> 3.22	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3136 Quarterly Medicaid CMI: 1.1194 Qtrly Mcaid CMI w RUG Wght Options: 1.1324			<u>Facility Specific</u> 1.3136 1.1194 1.1324	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,474,464	\$2,921,139	\$0	\$1,066,995	\$649,165	\$234,472	\$1,137,544		\$465,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$65,507)	\$0	\$0	\$0	(\$41,648)	\$0	(\$59,284)		\$35,425	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,284		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,136
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,480,377	\$2,921,139	\$0	\$1,066,995	\$607,517	\$234,472	\$1,078,260	\$59,284	\$500,574	\$12,136
8	Total Nursing Facility Days As Filed Days = 22,956	FY21 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,956	FY21 GL-PL Ins Rpt Days								22,951		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.36	\$127.28	\$0.00	\$46.49	\$36.69	(with L&H)	\$46.98	\$2.58	\$21.81	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3136								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.89	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.41	\$96.89	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1324								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.24	\$109.72	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$6.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.90	\$116.28	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.58	\$10.09	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WARNER ROBINS REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141303A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5802	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		41.30%	2.5%	Quarterly Medicaid CMI:			1.6649	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.42	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6953	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,336,438	\$3,154,181	\$0	\$515,942	\$570,813	\$0	\$1,350,391		\$745,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$379,562)	(\$19,394)	\$0	\$0	\$0	\$0	(\$251,852)		(\$108,316)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,835		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$108,316
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,334,027	\$3,134,787	\$0	\$515,942	\$570,813	\$0	\$1,098,539	\$268,835	\$636,795	\$108,316
8	Total Nursing Facility Days As Filed Days = 35,381	FY21 Audited C/R Days	35,381									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,381	FY21 GL-PL Ins Rpt Days								35,381		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$179.02	\$88.60	\$0.00	\$14.58	\$16.13	(with L&H)	\$31.05	\$7.60	\$18.00	\$3.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5802								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	\$18.00	\$3.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13		\$31.05	\$7.60	13.04 (FRV)	\$3.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.53	\$56.07	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6953								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.52	\$95.06	\$0.00	\$14.58	\$16.13	\$0.00	\$31.05	\$7.60	\$13.04	\$3.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.80	\$3.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.33	\$101.77	\$0.00	\$14.80	\$16.54	\$0.00	\$48.52	\$7.60	\$13.04	\$3.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARALSON NSG & REHAB CENTER Prvdr ID: 00141325A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 29.11% Nurse Hours per On-Site Day/Quality Incentive: 3.09		<u>Facility Score</u> 3.09	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7080 Quarterly Medicaid CMI: 1.6662 Qtrly Mcaid CMI w RUG Wght Options: 1.6957			<u>Facility Specific</u> 1.7080 1.6662 1.6957	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,103,239	\$3,545,933	\$0	\$668,035	\$582,522	\$0	\$1,325,035		\$981,714	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,162)	\$0	\$0	(\$12,148)	(\$6,105)	\$6,684	(\$12,258)		(\$30,335)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,258		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,748
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,091,083	\$3,545,933	\$0	\$655,887	\$576,417	\$6,684	\$1,312,777	\$12,258	\$951,379	\$29,748
8	Total Nursing Facility Days As Filed Days = 35,692	FY21 Audited C/R Days	35,692									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,692	FY21 GL-PL Ins Rpt Days								35,692		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.68	\$99.35	\$0.00	\$18.38	\$16.34	(with L&H)	\$36.78	\$0.34	\$26.66	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7080								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	\$26.66	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34		\$36.78	\$0.34	9.46 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.30	\$58.17	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6957								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.77	\$98.64	\$0.00	\$18.38	\$16.34	\$0.00	\$36.78	\$0.34	\$9.46	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.08	\$103.12	\$0.00	\$18.60	\$16.75	\$0.00	\$53.98	\$0.34	\$9.46	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NANCY HART CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00141336A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 21.74% Nurse Hours per On-Site Day/Quality Incentive: 3.10		<u>Facility Score</u> 3.10	<u>Add-on Percent</u> 1.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5870 Quarterly Medicaid CMI: 1.5379 Qtrly Mcaid CMI w RUG Wght Options: 1.5642			<u>Facility Specific</u> 1.5870 1.5379 1.5642	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,907,829	\$1,392,816	\$0	\$302,899	\$265,236	\$0	\$771,981		\$174,897	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,967		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,908
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,904,054	\$1,389,041	\$0	\$302,899	\$265,236	\$0	\$710,014	\$61,967	\$151,989	\$22,908
8	Total Nursing Facility Days As Filed Days = 15,358	FY21 Audited C/R Days	15,358									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,358	FY21 GL-PL Ins Rpt Days								15,358		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.08	\$90.44	\$0.00	\$19.72	\$17.27	(with L&H)	\$46.23	\$4.03	\$9.90	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5870								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.99	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.90	\$56.99	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5642								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.05	\$89.14	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.89	\$0.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.04	\$2.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.09	\$91.45	\$0.00	\$19.94	\$17.68	\$0.00	\$54.01	\$4.03	\$8.49	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HEART OF GEORGIA NURSING HOME				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141358A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.8028	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	41.79%	2.5%	Quarterly Medicaid CMI:				1.5595	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.58	6.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5892	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$905,326		\$1,951,022	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$108,812)	\$0	\$0	\$0	\$0	\$0	(\$66,626)		(\$42,186)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$66,626		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$838,700	\$66,626	\$1,908,836	\$42,186
8	Total Nursing Facility Days As Filed Days = 28,916	FY21 Audited C/R Days	28,916									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,916	FY21 GL-PL Ins Rpt Days								28,916		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	(with L&H)	\$29.00	\$2.30	\$66.01	\$1.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8028								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14 (FRV)	\$1.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.27	\$63.18	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5892								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.50	\$100.41	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.02	\$6.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.16	\$9.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.66	\$109.47	\$0.00	\$19.18	\$15.64	\$0.00	\$46.47	\$2.30	\$13.14	\$1.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - VALDOSTA, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141369A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6931	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.8488	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.78	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8838	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,026,206	\$2,431,674	\$0	\$383,270	\$719,562	\$0	\$1,131,782		\$359,918	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$505,962)	(\$45,999)	\$0	\$0	(\$597)	\$564	(\$411,063)		(\$48,867)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$425,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,919
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,991,607	\$2,385,675	\$0	\$383,270	\$718,965	\$564	\$720,719	\$425,444	\$311,051	\$45,919
8	Total Nursing Facility Days As Filed Days = 24,247	FY21 Audited C/R Days	24,247									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,247	FY21 GL-PL Ins Rpt Days								24,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.86	\$98.39	\$0.00	\$15.81	\$29.67	(with L&H)	\$29.72	\$17.55	\$12.83	\$1.89
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6931								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	\$12.83	\$1.89
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67		\$29.72	\$17.55	11.28 (FRV)	\$1.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.03	\$58.11	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8838								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.39	\$109.47	\$0.00	\$15.81	\$29.67	\$0.00	\$29.72	\$17.55	\$11.28	\$1.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.19	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.58	\$116.56	\$0.00	\$16.03	\$30.08	\$0.00	\$47.19	\$17.55	\$11.28	\$1.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ATHENS HERITAGE				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141391A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6943	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		20.59%	1.0%	Quarterly Medicaid CMI:			1.5636	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.70	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5909	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,638,029	\$4,036,911	\$0	\$536,642	\$981,533	\$0	\$1,480,734		\$602,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$596,814)	(\$124,782)	\$0	\$0	\$5,847	\$8,202	(\$351,953)		(\$134,128)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,689		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,702
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6943								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.69	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.54	\$77.69	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5909								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.45	\$123.60	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.94	\$4.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.03	\$6.71	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.48	\$130.31	\$0.00	\$18.28	\$33.28	\$0.00	\$54.01	\$15.06	\$16.05	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141402A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7258	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		31.03%	2.5%	Quarterly Medicaid CMI:			1.5988	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.94	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6308	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,280,347		\$924,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$337,808)	\$0	\$0	\$0	\$0	\$0	(\$201,609)		(\$136,199)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,609		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,199
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,078,738	\$201,609	\$787,927	\$136,199
8	Total Nursing Facility Days As Filed Days = 24,040	FY21 Audited C/R Days	24,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,040	FY21 GL-PL Ins Rpt Days								24,040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	(with L&H)	\$44.87	\$8.39	\$32.78	\$5.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7258								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.77	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62 (FRV)	\$5.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.98	\$67.77	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6308								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.73	\$110.52	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.07	\$117.13	\$0.00	\$25.13	\$30.12	\$0.00	\$54.01	\$8.39	\$10.62	\$5.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARTWELL HEALTH AND REHABILITATION Prvdr ID: 00141413A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5036	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		33.90%	2.5%	Quarterly Medicaid CMI:			1.4255	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.91	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4477	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,224,966	\$2,865,430	\$0	\$625,559	\$530,533	\$0	\$980,711		\$222,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,234)	(\$2,836)	\$0	(\$2,306)	\$0	(\$493)	(\$129,139)		(\$12,460)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,071
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,187,483	\$2,862,594	\$0	\$623,253	\$530,533	(\$493)	\$851,572	\$95,680	\$210,273	\$14,071
8	Total Nursing Facility Days As Filed Days = 24,307	FY21 Audited C/R Days	24,307									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,307	FY21 GL-PL Ins Rpt Days								24,307		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.42	\$117.77	\$0.00	\$25.64	\$21.81	(with L&H)	\$35.03	\$3.94	\$8.65	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5036								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$78.32	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4477								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.28	\$113.38	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.80	\$6.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.26	\$10.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.54	\$123.54	\$0.00	\$25.86	\$22.22	\$0.00	\$52.50	\$3.94	\$9.90	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.27		<u>Facility Score</u> 3.27	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4033 Quarterly Medicaid CMI: 1.3307 Qtrly Mcaid CMI w RUG Wght Options: 1.3501			<u>Facility Specific</u> 1.4033 1.3307 1.3501	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,173,158	\$2,939,686	\$0	\$388,472	\$628,273	\$0	\$980,410		\$236,317	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$394,537)	(\$42,972)	\$0	(\$1,140)	\$825	\$2,656	(\$334,089)		(\$19,817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,730		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,031
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,156,382	\$2,896,714	\$0	\$387,332	\$629,098	\$2,656	\$646,321	\$356,730	\$216,500	\$21,031
8	Total Nursing Facility Days As Filed Days = 21,103	FY21 Audited C/R Days	21,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,103	FY21 GL-PL Ins Rpt Days								21,103		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.35	\$137.27	\$0.00	\$18.35	\$29.94	(with L&H)	\$30.63	\$16.90	\$10.26	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4033								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.57	\$97.82	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3501								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.82	\$132.07	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.30	\$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.28	\$5.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.21	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.03	\$141.18	\$0.00	\$18.57	\$30.35	\$0.00	\$48.10	\$16.90	\$9.93	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - HOLLY HILL, LLC Prvdr ID: 00141479A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 18.92% Nurse Hours per On-Site Day/Quality Incentive: 3.45		<u>Facility Score</u> 3.45	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5532 Quarterly Medicaid CMI: 1.5524 Qtrly Mcaid CMI w RUG Wght Options: 1.5789			<u>Facility Specific</u> 1.5532 1.5524 1.5789	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,632,972	\$3,083,775	\$0	\$448,225	\$616,584	\$0	\$1,122,584		\$361,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$473,900)	(\$27,115)	\$0	\$0	\$0	\$1,183	(\$418,617)		(\$29,351)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,230		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,351
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,625,653	\$3,056,660	\$0	\$448,225	\$616,584	\$1,183	\$703,967	\$437,230	\$332,453	\$29,351
8	Total Nursing Facility Days As Filed Days = 25,871	FY21 Audited C/R Days	25,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,871	FY21 GL-PL Ins Rpt Days								25,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.45	\$118.15	\$0.00	\$17.33	\$23.88	(with L&H)	\$27.21	\$16.90	\$12.85	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5532								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.56	\$76.07	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5789								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.60	\$120.11	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.01	\$6.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.24	\$126.65	\$0.00	\$17.55	\$24.29	\$0.00	\$44.68	\$16.90	\$10.04	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WYNFIELD PARK HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141512A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4565	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		28.95%	1.0%	Quarterly Medicaid CMI:			1.4189	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.29	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4422	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,520,545	\$5,531,947	\$0	\$1,168,214	\$1,161,943	\$0	\$1,807,633		\$850,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$194,935		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,221
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,493,013	\$5,526,433	\$0	\$1,166,865	\$1,161,943	(\$1,628)	\$1,593,657	\$194,935	\$819,587	\$31,221
8	Total Nursing Facility Days As Filed Days = 47,251	FY21 Audited C/R Days	47,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,251	FY21 GL-PL Ins Rpt Days								47,251		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.09	\$116.96	\$0.00	\$24.70	\$24.56	(with L&H)	\$33.73	\$4.13	\$17.35	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4565								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.46	\$80.30	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4422								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.97	\$115.81	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.58	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.55	\$123.29	\$0.00	\$24.92	\$24.97	\$0.00	\$51.20	\$4.13	\$24.38	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MACON REHABILITATION AND HEALTHCARE				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141523A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8325	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.14%	1.0%	Quarterly Medicaid CMI:			1.7586	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7906	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,317,489	\$2,923,533	\$0	\$518,141	\$679,565	\$0	\$1,076,247		\$1,120,003	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$278,075)	\$0	\$0	\$0	\$670	\$650	(\$205,205)		(\$74,190)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$205,205		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,334
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,318,953	\$2,923,533	\$0	\$518,141	\$680,235	\$650	\$871,042	\$205,205	\$1,045,813	\$74,334
8	Total Nursing Facility Days As Filed Days = 24,746	FY21 Audited C/R Days	24,746									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,746	FY21 GL-PL Ins Rpt Days								24,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.34	\$118.14	\$0.00	\$20.94	\$27.51	(with L&H)	\$35.20	\$8.29	\$42.26	\$3.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8325								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16 (FRV)	\$3.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.57	\$64.47	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7906								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.54	\$115.44	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$3.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.63	\$119.43	\$0.00	\$21.16	\$27.92	\$0.00	\$52.67	\$8.29	\$11.16	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FRIENDSHIP HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141567A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7013	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid CMI:			1.7479	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7808	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,075,180	\$2,811,029	\$0	\$507,404	\$620,401	\$0	\$769,086		\$367,260	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$153,208)	\$66	\$0	\$0	\$757	\$857	(\$147,604)		(\$7,284)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,503		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,877
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,075,352	\$2,811,095	\$0	\$507,404	\$621,158	\$857	\$621,482	\$138,503	\$359,976	\$14,877
8	Total Nursing Facility Days As Filed Days = 18,694	FY21 Audited C/R Days	18,694									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,694	FY21 GL-PL Ins Rpt Days								18,694		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$271.49	\$150.37	\$0.00	\$27.14	\$33.27	(with L&H)	\$33.24	\$7.41	\$19.26	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7013								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.39	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.65	\$88.39	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7808								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.66	\$157.40	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.66	\$8.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.72	\$4.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.39	\$13.91	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$299.05	\$171.31	\$0.00	\$26.82	\$33.28	\$0.00	\$50.71	\$7.41	\$8.72	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MIONA GERIATRIC & DEMENTIA CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141578A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7144	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		53.33%	5.5%	Quarterly Medicaid CMI:			1.6552	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6854	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,076,229	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$692,626		\$119,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$99,580)	\$0	\$0	\$0	\$0	\$0	(\$61,474)		(\$38,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$65,298		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,080,053	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$631,152	\$65,298	\$81,832	\$38,106
8	Total Nursing Facility Days As Filed Days = 28,845	FY21 Audited C/R Days	28,845									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,845	FY21 GL-PL Ins Rpt Days								28,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.11	\$104.30	\$0.00	\$18.22	\$25.29	(with L&H)	\$21.88	\$2.26	\$2.84	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7144								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	11.91 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.72	\$60.84	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6854								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.42	\$102.54	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.35	\$9.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.77	\$111.79	\$0.00	\$18.44	\$25.70	\$0.00	\$39.35	\$2.26	\$11.91	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE PLACE AT DEANS BRIDGE Prvdr ID: 00141589A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 50.77% Nurse Hours per On-Site Day/Quality Incentive: 3.60		<u>Facility Score</u> 3.60	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3500 Quarterly Medicaid CMI: 1.2054 Qtrly Mcaid CMI w RUG Wght Options: 1.2231			<u>Facility Specific</u> 1.3500 1.2054 1.2231	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,325,230	\$2,913,015	\$0	\$472,602	\$466,941	\$0	\$1,153,338		\$319,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,194		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,261,790	\$2,913,015	\$0	\$472,602	\$464,022	(\$32,489)	\$688,027	\$438,194	\$252,548	\$65,871
8	Total Nursing Facility Days As Filed Days = 24,384	FY21 Audited C/R Days	24,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,384	FY21 GL-PL Ins Rpt Days								24,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.79	\$119.46	\$0.00	\$19.38	\$17.70	(with L&H)	\$28.22	\$17.97	\$10.36	\$2.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3500								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	10.30 (FRV)	\$2.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.76	\$88.49	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2231								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.50	\$108.23	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.95	\$5.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.83	\$9.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.33	\$117.96	\$0.00	\$19.60	\$18.11	\$0.00	\$45.69	\$17.97	\$10.30	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW HEALTH SYSTEMS JESUP Prvdr ID: 00141611A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 15.00% Nurse Hours per On-Site Day/Quality Incentive: 3.22		<u>Facility Score</u> 3.22	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5691 Quarterly Medicaid CMI: 1.8422 Qtrly Mcaid CMI w RUG Wght Options: 1.8768			<u>Facility Specific</u> 1.5691 1.8422 1.8768	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,205,318	\$2,468,051	\$0	\$454,044	\$460,136	\$0	\$1,009,554		\$813,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,003)	\$28,153	\$0	(\$5,310)	\$0	\$5,048	(\$94,884)		(\$50,010)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,136		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,272
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,238,723	\$2,496,204	\$0	\$448,734	\$460,136	\$5,048	\$914,670	\$100,136	\$763,523	\$50,272
8	Total Nursing Facility Days As Filed Days = 29,664	FY21 Audited C/R Days	29,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,664	FY21 GL-PL Ins Rpt Days								29,664		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.60	\$84.15	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.83	\$3.38	\$25.74	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5691								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.87	\$53.63	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8768								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.89	\$100.65	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.54	\$104.20	\$0.00	\$15.35	\$16.09	\$0.00	\$48.30	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.33									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: JOE ANNE BURGIN NURS HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00141633A		Case Mix Per Diem Rate Effective Date: 10/01/23		Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3055	1.5751
H/B ?: No		MDS & Nurse Hrs Data per Quarter Ending: 06/30/23		Nurse Hours per On-Site Day/Quality Incentive:		3.67	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3001	1.5195
											1.3222	1.5463

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020			FY2020 C/R -FY 2020 GL-PL Rpt	2,532,516		761,413	199,305	325,294	605,208	19,350	147,736	7,583
Inflation (July 2021) @ 4.30%				108,898		32,741	22,558		26,024			326
Patient Days			FY 2020 Cost Rpt	25,878		25,878	25,878		25,878		25,878	25,878
Total Nursing Facility Days GL-PL Ins. Rpt			FY 20 GL-PL Ins Rpt Days							25,878		
Inflated NHC/ Patient Days				102.07		30.69	21.14		24.39	0.75	5.71	0.31
Base Period Facility CMI for all Residents				1.3055								
Routine Services Case Mix Adjusted Net Per Diem				\$78.19								
Net Per Diems After Case Mix Adjustments				\$161.17		\$30.69	\$21.14		\$24.39	\$0.75	\$5.71	0.31
Per Diem Standards				\$99.82		\$37.13	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem				\$176.45		\$30.69	\$21.14		\$24.39	\$0.75	20.98	0.31
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 0.00%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance				\$176.44	\$78.19	\$30.69	\$21.14		\$24.39	\$0.75	\$20.98	\$0.31
Quarterly Facility Case Mix Index for Medicaid Residents					1.3222							
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$103.38							
Quarterly Medicaid CMA Allowed Per Diem				\$201.64	\$103.38	\$30.69	\$21.14		\$24.39	\$0.75	\$20.98	\$0.31
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.53	\$0.53	\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)				\$1.03	1.03							
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%				\$6.20	6.20							
Nursing Home Provider Fee				\$ 17.10					\$ 17.10			
Total Quarterly Per Diem Add-On Amounts				\$25.86								
Quarterly Case Mix Based Per Diem Rate				\$227.50	\$111.14	\$30.91	\$21.55		\$41.86	\$0.75	\$20.98	\$0.31
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$157.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SCOTT HEALTH & REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141644A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4797	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		46.15%	5.5%	Quarterly Medicaid CMI:			1.2888	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.15	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3088	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,349,319	\$1,978,163	\$0	\$342,818	\$357,732	\$0	\$557,849		\$112,757	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$96,975)	(\$3,831)	\$0	(\$462)	(\$444)	\$1,135	(\$78,856)		(\$14,517)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,276		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,484
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,340,104	\$1,974,332	\$0	\$342,356	\$357,288	\$1,135	\$478,993	\$73,276	\$98,240	\$14,484
8	Total Nursing Facility Days As Filed Days = 16,167	FY21 Audited C/R Days	16,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,167	FY21 GL-PL Ins Rpt Days								16,167		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.61	\$122.12	\$0.00	\$21.18	\$22.17	(with L&H)	\$29.63	\$4.53	\$6.08	\$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4797								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66 (FRV)	\$0.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.60	\$82.53	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3088								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.09	\$108.02	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.94	\$5.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.05	\$12.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.14	\$120.97	\$0.00	\$21.40	\$22.58	\$0.00	\$47.10	\$4.53	\$11.66	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: KEYSVILLE NURSING HOME & REHAB Prvdr ID: 00141655A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3677	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		47.92%	5.5%	Quarterly Medicaid CMI:			1.2583	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2771	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,046,663	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$435,519		\$353,692	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$106,004)	\$0	\$0	\$0	\$0	\$0	(\$71,610)		(\$34,394)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,986		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$34,394
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,045,039	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$363,909	\$69,986	\$319,298	\$34,394
8	Total Nursing Facility Days As Filed Days = 17,969	FY21 Audited C/R Days	17,969									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,969	FY21 GL-PL Ins Rpt Days								17,969		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	(with L&H)	\$20.25	\$3.89	\$17.77	\$1.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3677								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.67	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19 (FRV)	\$1.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.29	\$90.67	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2771								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.41	\$115.79	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.25	\$10.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.66	\$126.16	\$0.00	\$26.82	\$29.97	\$0.00	\$37.72	\$3.89	\$13.19	\$1.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.92									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COUNTRYSIDE HEALTH CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141666A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5776	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	20.83%	1.0%	Quarterly Medicaid CMI:				1.6177	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.09	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.6476	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvc Combined) Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 18,982 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,982 Net Per Diems prior to Case Mix Adjstmt to Routine Srvc Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvc Per Diem Standards (After Statewide CMA for Routine Srvc) Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvc) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(see Policy Manual) (see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt As Filed FY21 C/R FY21 Audited C/R FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY21 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13 Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 (see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on (Fixed Amount) Sum of Lns 20 thru 23	\$3,506,125 (\$75,778) \$3,488,465 18,982 \$183.76 \$63.55 \$63.55 \$99.82 \$140.02 \$0.00 \$140.02 \$181.17 \$1.53 \$1.05 \$2.09 \$17.10 \$21.77	\$1,903,180 \$0 \$1,903,180 18,982 \$100.26 1.5776 \$63.55 \$63.55 \$99.82 \$63.55 0.00 \$63.55 \$104.70 \$104.70 \$0.53 \$1.05 \$2.09 \$3.67	\$0 \$0 \$0 \$0.00 \$0.00 \$							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CITY NURSING AND REHABILITATION CENTER LLC Prvdr ID: 00141699A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 30.20% Nurse Hours per On-Site Day/Quality Incentive: 2.66		<u>Facility Score</u> 2.66	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6293 Quarterly Medicaid CMI: 1.4703 Qtrly Mcaid CMI w RUG Wght Options: 1.4960			<u>Facility Specific</u> 1.6293 1.4703 1.4960	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,865,210	\$6,792,481	\$0	\$1,179,706	\$1,247,209	\$0	\$1,729,109		\$916,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$420,402)	\$0	\$0	(\$4,779)	(\$1,625)	\$1,640	(\$317,003)		(\$98,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$163,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,706,840	\$6,792,481	\$0	\$1,174,927	\$1,245,584	\$1,640	\$1,412,106	\$163,807	\$818,070	\$98,225
8	Total Nursing Facility Days As Filed Days = 66,454	FY21 Audited C/R Days	66,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,454	FY21 GL-PL Ins Rpt Days								66,454		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.16	\$102.21	\$0.00	\$17.68	\$18.77	(with L&H)	\$21.25	\$2.46	\$12.31	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6293								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	9.40 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.77	\$62.73	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4960								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.88	\$93.84	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.68	\$99.54	\$0.00	\$17.90	\$19.18	\$0.00	\$38.72	\$2.46	\$9.40	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAKEHAVEN, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141721A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7253	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.24%	1.0%	Quarterly Medicaid CMI:			1.6470	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.77	6.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6770	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,356,538	\$2,621,786	\$0	\$471,967	\$713,306	\$0	\$1,094,924		\$454,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$440,708)	(\$71,293)	\$0	\$0	\$0	\$223	(\$331,601)		(\$38,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$390,803		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,346,616	\$2,550,493	\$0	\$471,967	\$713,306	\$223	\$763,323	\$390,803	\$416,518	\$39,983
8	Total Nursing Facility Days As Filed Days = 24,826	FY21 Audited C/R Days	24,826									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,826	FY21 GL-PL Ins Rpt Days								24,826		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$215.36	\$102.73	\$0.00	\$19.01	\$28.74	(with L&H)	\$30.75	\$15.74	\$16.78	\$1.61
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7253								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	\$16.78	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74		\$30.75	\$15.74	8.78 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.17	\$59.54	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6770								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.48	\$99.85	\$0.00	\$19.01	\$28.74	\$0.00	\$30.75	\$15.74	\$8.78	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.62	\$7.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.10	\$107.37	\$0.00	\$19.23	\$29.15	\$0.00	\$48.22	\$15.74	\$8.78	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SGMC LAKELAND VILLA Prvdr ID: 00141732A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 27.45% Nurse Hours per On-Site Day/Quality Incentive: 2.39		<u>Facility Score</u> 2.39	<u>Add-on Percent</u> 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1423 Quarterly Medicaid CMI: 1.0957 Qtrly Mcaid CMI w RUG Wght Options: 1.1105			<u>Facility Specific</u> 1.1423 1.0957 1.1105	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,564,739	\$3,086,595	\$0	\$1,350,164	\$319,703	\$667,383	\$786,649		\$354,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$75,987)	\$27,411	\$0	\$0	\$0	(\$13,008)	(\$75,063)		(\$15,327)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,625		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,327
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,548,704	\$3,114,006	\$0	\$1,350,164	\$319,703	\$654,375	\$711,586	\$44,625	\$338,918	\$15,327
8	Total Nursing Facility Days As Filed Days = 21,984	FY21 Audited C/R Days	21,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,984	FY21 GL-PL Ins Rpt Days								21,984		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$297.90	\$141.65	\$0.00	\$61.42	\$44.31	(with L&H)	\$32.37	\$2.03	\$15.42	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.1423								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$124.00	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$234.63	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1105								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.66	\$110.85	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.80	\$3.33	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.46	\$114.18	\$0.00	\$37.13	\$33.28	\$0.00	\$49.84	\$2.03	\$29.30	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - LIMESTONE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141743A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7227	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.78%	2.5%	Quarterly Medicaid CMI:			1.4360	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.13	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4592	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,946,082	\$3,387,685	\$0	\$509,397	\$869,370	\$0	\$1,430,648		\$748,982	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$522,348)	(\$56,275)	\$0	\$0	\$9,984	\$13,256	(\$400,058)		(\$89,255)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$451,216		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$80,327
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,955,277	\$3,331,410	\$0	\$509,397	\$879,354	\$13,256	\$1,030,590	\$451,216	\$659,727	\$80,327
8	Total Nursing Facility Days As Filed Days = 23,828	FY21 Audited C/R Days	23,828									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,828	FY21 GL-PL Ins Rpt Days								23,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$291.90	\$139.81	\$0.00	\$21.38	\$37.46	(with L&H)	\$43.25	\$18.94	\$27.69	\$3.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7227								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.16	\$0.00	\$21.38	\$37.46		\$43.25	\$18.94	\$27.69	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28		\$36.91	\$18.94	34.09 (FRV)	\$3.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.13	\$81.16	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4592								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.40	\$118.43	\$0.00	\$21.38	\$33.28	\$0.00	\$36.91	\$18.94	\$34.09	\$3.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.92	\$5.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.73	\$9.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$293.13	\$127.84	\$0.00	\$21.60	\$33.28	\$0.00	\$54.01	\$18.94	\$34.09	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RENAISSANCE CENTER FOR NURSING AND HEALING				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141754A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6868	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		36.61%	2.5%	Quarterly Medicaid CMI:			1.6300	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.32	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6602	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,985,589	\$3,997,645	\$0	\$741,115	\$700,762	\$0	\$1,371,525		\$1,174,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607
8	Total Nursing Facility Days As Filed Days = 38,284	FY21 Audited C/R Days	38,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,284	FY21 GL-PL Ins Rpt Days								38,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.93	\$104.13	\$0.00	\$19.36	\$17.99	(with L&H)	\$31.28	\$4.54	\$27.90	\$2.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6868								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74 (FRV)	\$2.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.37	\$61.73	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6602								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.12	\$102.48	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.43	\$110.69	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF MARION COUNTY Prvdr ID: 00141809A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 39.66% Nurse Hours per On-Site Day/Quality Incentive: 4.05		<u>Facility Score</u> 4.05	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5419 Quarterly Medicaid CMI: 1.5333 Qtrly Mcaid CMI w RUG Wght Options: 1.5634			<u>Facility Specific</u> 1.5419 1.5333 1.5634	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$723,776		\$339,182	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)		(\$19,256)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,565		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,256
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$660,211	\$63,565	\$319,926	\$19,256
11	Total Nursing Facility Days As Filed Days = 19,058	FY21 Audited C/R Days	19,058									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,058	FY21 GL-PL Ins Rpt Days								19,058		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.33	\$124.53	\$0.00	\$21.82	\$24.20	(with L&H)	\$34.64	\$3.34	\$16.79	\$1.01
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5419								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.77								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.99	\$80.77	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5634								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.28								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.50	\$126.28	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.31	\$6.31								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.10	\$10.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.60	\$136.28	\$0.00	\$22.04	\$24.61	\$0.00	\$52.11	\$3.34	\$28.21	\$1.01
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.88									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY TRANSITIONAL CARE & REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141831A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4850	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.07%	2.5%	Quarterly Medicaid CMI:			1.4635	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.65	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4894	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,269,045	\$5,864,808	\$0	\$959,365	\$1,151,626	\$0	\$1,774,523		\$1,518,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$505,991)	\$0	\$0	\$0	(\$3,131)	(\$3,959)	(\$356,566)		(\$142,335)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,566		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$141,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,261,078	\$5,864,808	\$0	\$959,365	\$1,148,495	(\$3,959)	\$1,417,957	\$356,566	\$1,376,388	\$141,458
8	Total Nursing Facility Days As Filed Days = 57,702	FY21 Audited C/R Days	57,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,702	FY21 GL-PL Ins Rpt Days								57,702		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.16	\$101.64	\$0.00	\$16.63	\$19.84	(with L&H)	\$24.57	\$6.18	\$23.85	\$2.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4850								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	11.29 (FRV)	\$2.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.41	\$68.45	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4894								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.91	\$101.95	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.13	\$107.07	\$0.00	\$16.85	\$20.25	\$0.00	\$42.04	\$6.18	\$11.29	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SADIE G. MAYS HEALTH & REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141842A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5030	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		35.17%	2.5%	Quarterly Medicaid CMI:			1.5120	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.15	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5385	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,838,245	\$7,033,832	\$0	\$1,193,278	\$2,068,329	\$0	\$3,263,748		\$279,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$599,867		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,655,946	\$7,033,832	\$0	\$1,193,278	\$2,066,737	(\$2,356)	\$2,577,775	\$599,867	\$186,813	\$0
8	Total Nursing Facility Days As Filed Days = 54,832	FY21 Audited C/R Days	54,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,832	FY21 GL-PL Ins Rpt Days								54,832		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.05	\$128.28	\$0.00	\$21.76	\$37.65	(with L&H)	\$47.01	\$10.94	\$3.41	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5030								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.35	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28		\$36.91	\$10.94	11.75 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.99	\$85.35	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5385								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.95	\$131.31	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.57	\$6.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.60	\$10.38	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.55	\$141.69	\$0.00	\$21.98	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.41									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MCRAE MANOR NURSING HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141853A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4663	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		19.23%	0.0%	Quarterly Medicaid CMI:			1.4956	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.46	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5239	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,342,472	\$3,655,039	\$0	\$657,194	\$790,531	\$0	\$1,173,879		\$65,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$466,576)	(\$177,843)	\$0	\$1,624	(\$2,306)	(\$5,474)	(\$233,186)		(\$49,391)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$379,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,305,932	\$3,477,196	\$0	\$658,818	\$788,225	(\$5,474)	\$940,693	\$379,000	\$16,438	\$51,036
8	Total Nursing Facility Days As Filed Days = 30,818	FY21 Audited C/R Days	30,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,818	FY21 GL-PL Ins Rpt Days								30,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.62	\$112.83	\$0.00	\$21.38	\$25.40	(with L&H)	\$30.52	\$12.30	\$0.53	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4663								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.24	\$76.95	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5239								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.55	\$117.26	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.86	\$5.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.04	\$123.65	\$0.00	\$21.60	\$25.81	\$0.00	\$47.99	\$12.30	\$11.03	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEADOWBROOK HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141864A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9580	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		48.78%	5.5%	Quarterly Medicaid CMI:			2.0099	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.0481	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	\$2,400,655		\$2,048,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,078		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,768,971	\$2,909,044	\$0	\$624,851	\$802,799	(\$12,900)	\$2,278,759	\$118,078	\$1,898,004	\$150,336
8	Total Nursing Facility Days As Filed Days = 35,771	FY21 Audited C/R Days	35,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,771	FY21 GL-PL Ins Rpt Days								35,771		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$245.13	\$81.32	\$0.00	\$17.47	\$22.08	(with L&H)	\$63.70	\$3.30	\$53.06	\$4.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9580								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.53	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27 (FRV)	\$4.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.76	\$41.53	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0481								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.29	\$85.06	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.49	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.78	\$92.82	\$0.00	\$17.69	\$22.49	\$0.00	\$54.01	\$3.30	\$15.27	\$4.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.51									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A H/B ?: No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 35.7% Nurse Hours per On-Site Day/Quality Incentive: 5.59		Facility Score N/A 35.7% 5.59	Add-on Percent 0.00% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.5361 Quarterly Medicaid CMI: 1.3036 Qtrly Mcaid CMI w RUG Wght Options: 1.3247			Facility Specific 1.5361 1.3036 1.3247	State-wide 1.5751 1.5195 1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measures (Maximums)</i> Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Svcs) <u>Allowed @ 95% of Std</u> Growth Allowance 0.0% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (to Routine Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
		FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.53	1 <i>All Facilities</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.00	2 <i>Freestanding</i> <i>All Bed Sizes</i> 90.0% 100.0% \$0.22	1 <i>All Facilities</i> <i>All Bed Sizes</i> 85.0% 100.0% \$0.41	1 <i>All Facilities</i> <i>All Bed Sizes</i> 50.0% 105.0% \$0.37		\$ 119,604 31,299		
			\$228.21	\$99.82		\$26.82	\$33.28		\$36.91		\$39.98	\$1.24
			\$0.00	\$0.00		\$25.48	\$31.62		\$35.06		\$39.98	\$1.24
			\$232.03	\$94.83		\$0.00	\$0.00		\$0.00			
				\$94.83		\$25.48	\$31.62		\$35.06	\$ 3.82	\$39.98	\$1.24
				1.3247							(FRV Rate)	
				\$125.62								
			\$263.19	\$125.62		\$25.48	\$31.62		\$35.06	\$ 4.19	\$39.98	\$1.24
				\$3.14	\$3.14							
			\$3.77	\$3.77								
			\$17.10						17.10			
			\$24.01									
	Quarterly Case Mix Based Per Diem Rate		\$287.20	\$132.53		\$25.48	\$31.62		\$52.16	\$4.19	\$39.98	\$1.24
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$202.58										

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MACON				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141908A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5669	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		22.79%	1.0%	Quarterly Medicaid CMI:			1.5294	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.29	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5561	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,492,499	\$6,952,216	\$0	\$896,303	\$1,592,716	\$0	\$2,524,205		\$527,059	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$981,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,100,357	\$6,689,655	\$0	\$895,870	\$1,548,826	(\$46,658)	\$1,581,430	\$981,353	\$417,898	\$31,983
8	Total Nursing Facility Days As Filed Days = 58,499	FY21 Audited C/R Days	55,171									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,499	FY21 GL-PL Ins Rpt Days								55,171		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.32	\$121.25	\$0.00	\$16.24	\$27.23	(with L&H)	\$28.66	\$17.79	\$7.57	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5669								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.47	\$77.38	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5561								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.50	\$120.41	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.02	\$6.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.85	\$7.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.35	\$128.16	\$0.00	\$16.46	\$27.64	\$0.00	\$46.13	\$17.79	\$8.59	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEMORIAL MANOR NURSING HOME				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141919A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.3565	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	33.96%	2.5%	Quarterly Medicaid CMI:				1.2394	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.76	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.2578	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$603,871		\$205,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$79,884)	\$0	\$0	\$0	\$0	\$0	(\$28,876)		(\$51,008)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,876		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$574,995	\$28,876	\$154,026	\$51,008
8	Total Nursing Facility Days As Filed Days = 31,435	FY21 Audited C/R Days	31,435									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,435	FY21 GL-PL Ins Rpt Days								31,435		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.27	\$105.42	\$0.00	\$41.78	\$25.34	(with L&H)	\$18.29	\$0.92	\$4.90	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3565								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.72	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.97	\$77.72	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2578								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.01	\$97.76	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.90	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.79	\$103.66	\$0.00	\$37.13	\$25.75	\$0.00	\$35.76	\$0.92	\$10.95	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEDICAL MANAGEMENT HEALTH AND REHAB CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141941A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5519	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.40%	1.0%	Quarterly Medicaid CMI:			1.5410	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.83	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5713	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,418,953	\$2,477,295	\$0	\$397,350	\$520,399	\$0	\$757,029		\$266,880	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,360,779	\$2,463,981	\$0	\$397,350	\$520,399	\$0	\$712,169	\$0	\$204,512	\$62,368
8	Total Nursing Facility Days As Filed Days = 26,697	FY21 Audited C/R Days	26,697									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,697	FY21 GL-PL Ins Rpt Days								26,697		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.34	\$92.29	\$0.00	\$14.88	\$19.49	(with L&H)	\$26.68	\$0.00	\$7.66	\$2.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5519								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.37	\$59.47	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5713								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.35	\$93.45	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.71	\$97.71	\$0.00	\$15.10	\$19.90	\$0.00	\$44.15	\$0.00	\$8.51	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WARM SPRINGS MEDICAL CENTER NURSING HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141952A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2650	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.2063	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2233	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,316,760	\$3,019,329	\$0	\$675,173	\$279,021	\$294,559	\$830,546		\$218,132	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$43,328)	\$0	\$0	\$0	\$2,927	\$3,088	(\$40,843)		(\$8,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$40,843		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,356
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,322,631	\$3,019,329	\$0	\$675,173	\$281,948	\$297,647	\$789,703	\$40,843	\$209,632	\$8,356
8	Total Nursing Facility Days As Filed Days = 26,843	FY21 Audited C/R Days	26,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,843	FY21 GL-PL Ins Rpt Days								26,843		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.28	\$112.48	\$0.00	\$25.15	\$21.59	(with L&H)	\$29.42	\$1.52	\$7.81	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2650								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75 (FRV)	\$0.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.66	\$88.92	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2233								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.52	\$108.78	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.53	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.05	\$114.21	\$0.00	\$25.37	\$22.00	\$0.00	\$46.89	\$1.52	\$11.75	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AZALEA HEALTH AND REHABILITATION Prvdr ID: 00141963A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5548	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		32.00%	2.5%	Quarterly Medicaid CMI:			1.4290	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.15	6.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4548	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$115,188		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,135
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135
8	Total Nursing Facility Days As Filed Days = 21,621	FY21 Audited C/R Days	21,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,621	FY21 GL-PL Ins Rpt Days								21,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5548								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.43	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14 (FRV)	\$2.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.85	\$67.43	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4548								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.52	\$98.10	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.97	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.49	\$106.97	\$0.00	\$21.86	\$19.73	\$0.00	\$45.82	\$5.33	\$11.14	\$2.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EASTMAN HEALTHCARE & REHAB				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141974A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4940	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.50%	1.0%	Quarterly Medicaid CMI:			1.2984	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3210	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,370,214	\$2,885,350	\$0	\$558,912	\$533,885	\$0	\$742,094		\$649,973	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$118,132)	(\$15,891)	\$0	\$0	(\$2,752)	(\$4,494)	(\$52,565)		(\$42,430)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,865		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,587	\$2,869,459	\$0	\$558,912	\$531,133	(\$4,494)	\$689,529	\$49,865	\$607,543	\$46,640
8	Total Nursing Facility Days As Filed Days = 32,650	FY21 Audited C/R Days	32,643									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,650	FY21 GL-PL Ins Rpt Days								32,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$163.84	\$87.90	\$0.00	\$17.12	\$16.13	(with L&H)	\$21.12	\$1.53	\$18.61	\$1.43
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4940								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	\$18.61	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13		\$21.12	\$1.53	8.93 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.10	\$58.84	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3210								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.99	\$77.73	\$0.00	\$17.12	\$16.13	\$0.00	\$21.12	\$1.53	\$8.93	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.73	\$81.37	\$0.00	\$17.34	\$16.54	\$0.00	\$38.59	\$1.53	\$8.93	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.47									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Magnolia Manor of Midway				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141985A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2981	1.5751
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS:	32.3%	Quarterly Medicaid CMI:			1.2731	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.01	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2925	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs			FY2021 GL-PL Ins. Rpt							\$ 114,936		
Total Nursing Facility Days GL-PL Ins. Rpt			FY2021 GL-PL Ins. Rpt							30,676		
Standard Per Diem (After CMA for Routine Svcs)			FY 2021 Peer Group Limit								\$15.21	\$5.04
<u>Allowed @ 95% of Std</u>				\$207.24	\$94.83	\$26.82	\$33.28		\$36.91		\$15.21	\$5.04
Growth Allowance 0.0%				\$0.00	\$0.00	\$25.48	\$31.62		\$35.06			
CMA Allowed Per Diem (After Growth Allowance)				\$210.99	\$94.83	\$0.00	\$0.00		\$0.00			
Quarterly Facility Case Mix Index for Medicaid Residents					1.2925	\$25.48	\$31.62		\$35.06	\$ 3.75	\$15.21	\$5.04
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$122.57						(FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem				\$239.17	\$122.57	\$25.48	\$31.62		\$35.06	\$ 4.19	\$15.21	\$5.04
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$3.06	\$3.06							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$3.68	\$3.68							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$23.84								
	Quarterly Case Mix Based Per Diem Rate		\$263.01	\$129.31		\$25.48	\$31.62		\$52.16	\$4.19	\$15.21	\$5.04
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$184.43										

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MILLER NURSING HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141996A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			2.2223	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		60.96%	5.5%	Quarterly Medicaid CMI:			2.2348	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.2790	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072	\$2,662,481		\$944,060	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,303		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,381
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,696,390	\$3,477,768	\$0	\$852,412	\$325,398	\$471,948	\$2,562,546	\$69,303	\$914,634	\$22,381
8	Total Nursing Facility Days As Filed Days = 21,882	FY21 Audited C/R Days	21,893									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,882	FY21 GL-PL Ins Rpt Days								21,893		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$397.23	\$158.85	\$0.00	\$38.94	\$36.42	(with L&H)	\$117.05	\$3.17	\$41.78	\$1.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		2.2223								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.89	\$71.48	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.2790								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$162.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.31	\$162.90	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$8.96	\$8.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.48	\$14.38	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$328.79	\$177.28	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.17	\$22.90	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$233.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NEW HORIZONS LIMESTONE Prvdr ID: 00142007A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 15.63% Nurse Hours per On-Site Day/Quality Incentive: 3.33		<u>Facility Score</u> 3.33	<u>Add-on Percent</u> 0.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2400 Quarterly Medicaid CMI: 1.1702 Qtrly Mcaid CMI w RUG Wght Options: 1.1863			<u>Facility Specific</u> 1.2400 1.1702 1.1863	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,544,251	\$5,840,974	\$0	\$1,627,006	\$527,667	\$963,810	\$1,773,598		\$811,196	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,368)	(\$5,804)	\$0	\$0	\$0	\$0	(\$132,778)		(\$5,786)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,292		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,786
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,468,961	\$5,835,170	\$0	\$1,627,006	\$527,667	\$963,810	\$1,640,820	\$63,292	\$805,410	\$5,786
11	Total Nursing Facility Days As Filed Days = 36,802	FY21 Audited C/R Days	36,802									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,802	FY21 GL-PL Ins Rpt Days								36,802		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.65	\$158.56	\$0.00	\$44.21	\$40.53	(with L&H)	\$44.59	\$1.72	\$21.88	\$0.16
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2400								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$127.87								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$127.87	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.87	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1863								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.42								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.47	\$118.42	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.47	\$2.37	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.94	\$120.79	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.72	\$11.85	\$0.16
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MITCHELL CONVALESCENT CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142018A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5363	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.23%	2.5%	Quarterly Medicaid CMI:			1.4647	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.16	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4880	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,941	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$607,272		\$258,160	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$6,807	\$0	\$0	\$0	\$0	\$0	\$11,261		(\$4,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$14,813		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$5,716
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days								15,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$289.57	\$150.90	\$0.00	\$37.57	\$43.94	(with L&H)	\$39.60	\$0.95	\$16.24	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5363								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$98.22	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28		\$36.91	\$0.95	12.28 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.14	\$98.22	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4880								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.07	\$146.15	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.65	\$3.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.66	\$8.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$292.73	\$154.71	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MONTEZUMA HEALTH CARE CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142062A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6019	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		53.70%	5.5%	Quarterly Medicaid CMI:			1.4518	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.84	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4740	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,249,124	\$2,352,696	\$0	\$395,474	\$524,915	\$0	\$801,683		\$174,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$127,148)	(\$2,210)	\$0	(\$541)	\$0	(\$551)	(\$113,601)		(\$10,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,245
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,237,781	\$2,350,486	\$0	\$394,933	\$524,915	(\$551)	\$688,082	\$105,560	\$164,111	\$10,245
8	Total Nursing Facility Days As Filed Days = 18,941	FY21 Audited C/R Days	18,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,941	FY21 GL-PL Ins Rpt Days								18,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.73	\$124.10	\$0.00	\$20.85	\$27.68	(with L&H)	\$36.33	\$5.57	\$8.66	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6019								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.02	\$77.47	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	10.58 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.02	\$77.47	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4740								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.74	\$114.19	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$10.58	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.28	\$6.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.62	\$12.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.36	\$126.71	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$10.58	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: AVALON HEALTH AND REHABILITATION Prvdr ID: 00142084A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 57.69% Nurse Hours per On-Site Day/Quality Incentive: 3.17		<u>Facility Score</u> 3.17	<u>Add-on Percent</u> 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4056 Quarterly Medicaid CMI: 1.4093 Qtrly Mcaid CMI w RUG Wght Options: 1.4302			<u>Facility Specific</u> 1.4056 1.4093 1.4302	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,189,417	\$2,922,926	\$0	\$457,786	\$523,612	\$0	\$932,115		\$352,978	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)		(\$9,358)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$93,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,358
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358
8	Total Nursing Facility Days As Filed Days = 21,679	FY21 Audited C/R Days	21,679									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,679	FY21 GL-PL Ins Rpt Days								21,679		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$134.71	\$0.00	\$21.09	\$24.13	(with L&H)	\$38.45	\$4.32	\$15.85	\$0.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4056								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.84	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16 (FRV)	\$0.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.88	\$95.84	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4302								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.11	\$137.07	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.54	\$7.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.28	\$13.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.39	\$150.62	\$0.00	\$21.31	\$24.54	\$0.00	\$54.01	\$4.32	\$11.16	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MOULTRIE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142095A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5350	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		31.03%	2.5%	Quarterly Medicaid CMI:			1.6338	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.10	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6659	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$334,364)	(\$95,713)	\$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$294,958		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,162
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162
8	Total Nursing Facility Days As Filed Days = 19,366	FY21 Audited C/R Days	19,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,366	FY21 GL-PL Ins Rpt Days								19,366		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5350								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.39	\$73.94	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6659								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.63	\$123.18	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.16	\$6.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.50	\$9.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.13	\$132.95	\$0.00	\$17.16	\$28.30	\$0.00	\$54.01	\$15.23	\$18.87	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIVER BROOK HEALTHCARE CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142106A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5747	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.25%	2.5%	Quarterly Medicaid CMI:			1.5341	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.13	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5628	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,394,405	\$2,434,629	\$0	\$413,877	\$400,278	\$0	\$851,953		\$293,668	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,944)	\$2,600	\$0	\$0	\$0	\$0	(\$222,899)		(\$24,645)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,973		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,645
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,231,079	\$2,437,229	\$0	\$413,877	\$400,278	\$0	\$629,054	\$56,973	\$269,023	\$24,645
8	Total Nursing Facility Days As Filed Days = 29,341	FY21 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,341	FY21 GL-PL Ins Rpt Days								29,341		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$144.21	\$83.07	\$0.00	\$14.11	\$13.64	(with L&H)	\$21.44	\$1.94	\$9.17	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5747								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$112.08	\$52.75	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5628								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.77	\$82.44	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.11	\$86.68	\$0.00	\$14.33	\$14.05	\$0.00	\$38.91	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR Prvdr ID: 00142117A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 41.75% Nurse Hours per On-Site Day/Quality Incentive: 5.29		<u>Facility Score</u> 5.29	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4634 Quarterly Medicaid CMI: 1.5237 Qtrly Mcaid CMI w RUG Wght Options: 1.5516			<u>Facility Specific</u> 1.4634 1.5237 1.5516	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,105,160	\$7,647,314	\$0	\$1,235,685	\$1,587,195	\$0	\$1,713,262		\$1,921,704	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$229,643)	\$53,664	\$0	\$0	\$0	\$0	(\$243,839)		(\$39,468)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,401		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$39,468
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,159,386	\$7,700,978	\$0	\$1,235,685	\$1,587,195	\$0	\$1,469,423	\$244,401	\$1,882,236	\$39,468
8	Total Nursing Facility Days As Filed Days = 46,768	FY21 Audited C/R Days	46,768									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,768	FY21 GL-PL Ins Rpt Days								46,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$302.76	\$164.66	\$0.00	\$26.42	\$33.94	(with L&H)	\$31.42	\$5.23	\$40.25	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4634								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$112.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$112.52	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.64	\$99.82	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5516								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$288.70	\$154.88	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.87	\$3.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.21	\$8.52	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$314.91	\$163.40	\$0.00	\$26.64	\$33.28	\$0.00	\$48.89	\$5.23	\$36.63	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$223.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SUMMERHILL ELDERLIVING HOME & CARE Prvdr ID: 00142139A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 42.55% Nurse Hours per On-Site Day/Quality Incentive: 4.92		<u>Facility Score</u> N/A 4.92	<u>Add-on Percent</u> 0.00% 2.5% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5002 Quarterly Medicaid CMI: 1.6076 Qtrly Mcaid CMI w RUG Wght Options: 1.6341			<u>Facility Specific</u> 1.5002 1.6076 1.6341	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,405,251	\$7,721,271	\$0	\$1,292,895	\$1,443,085	\$0	\$1,576,152		\$371,848	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$183,334)		(\$95,345)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$235,416		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$90,683
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,339,811	\$7,595,564	\$0	\$1,292,895	\$1,449,475	\$6,457	\$1,392,818	\$235,416	\$276,503	\$90,683
8	Total Nursing Facility Days As Filed Days = 49,289	FY21 Audited C/R Days	49,289									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,289	FY21 GL-PL Ins Rpt Days								49,289		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.36	\$154.10	\$0.00	\$26.23	\$29.54	(with L&H)	\$28.26	\$4.78	\$5.61	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$102.72	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	\$5.61	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54		\$28.26	\$4.78	17.37 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.84	\$99.82	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6341								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$163.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.14	\$163.12	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.08	\$4.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$9.79	\$9.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.97	\$13.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$303.11	\$176.99	\$0.00	\$26.45	\$29.95	\$0.00	\$45.73	\$4.78	\$17.37	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HERITAGE INN HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142161A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5053	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		25.53%	1.0%	Quarterly Medicaid CMI:			1.3441	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.96	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3639	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,157,996	\$2,130,530	\$0	\$408,906	\$443,942	\$0	\$725,502		\$449,116	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,412)	(\$2,480)	\$0	(\$607)	\$0	(\$385)	(\$104,488)		(\$36,452)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,980		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,452
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,147,016	\$2,128,050	\$0	\$408,299	\$443,942	(\$385)	\$621,014	\$96,980	\$412,664	\$36,452
8	Total Nursing Facility Days As Filed Days = 21,255	FY21 Audited C/R Days	21,255									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,255	FY21 GL-PL Ins Rpt Days								21,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$195.10	\$100.12	\$0.00	\$19.21	\$20.87	(with L&H)	\$29.22	\$4.56	\$19.41	\$1.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5053								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	\$19.41	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87		\$29.22	\$4.56	8.11 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.19	\$66.51	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3639								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.39	\$90.71	\$0.00	\$19.21	\$20.87	\$0.00	\$29.22	\$4.56	\$8.11	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.54	\$4.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.08	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.47	\$96.69	\$0.00	\$19.43	\$21.28	\$0.00	\$46.69	\$4.56	\$8.11	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NURSE CARE OF BUCKHEAD Prvdr ID: 00142183A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Growth Allowance: N/A Qtrly BIMS score 24.67% Nurse Hours per On-Site Day/Quality Incentive: 3.19		N/A	0.00% 1.0% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.6933 1.5551 1.5821	1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvc Combined) Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 65,552 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,552 Net Per Diems prior to Case Mix Adjstmt to Routine Srvc Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvc Per Diem Standards (After Statewide CMA for Routine Srvc) Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvc) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(see Policy Manual) (see Policy Manual) (see Policy Manual) As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt As Filed FY21 C/R FY21 Audited C/R FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY21 Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13 Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16 (see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on (Fixed Amount) Sum of Lns 20 thru 23	\$17,057,883 (\$733,377) \$17,057,883 65,552 \$260.23 \$80.10 \$80.10 \$99.82 \$175.47 \$0.00 \$175.47 \$126.73 \$222.10 \$1.53 \$1.27 \$2.53 \$17.10 \$22.43	\$8,890,668 \$0 \$8,890,668 \$135.63 \$80.10 \$80.10 \$99.82 \$80.10 0.00 \$80.10 \$0.00 \$126.73 \$0.53 \$1.27 \$2.53 \$4.33	\$0 \$0 \$0 \$0.00 \$0.00 \$0							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINEWOOD NURSING CENTER Prvdr ID: 00142205A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 25.45% Nurse Hours per On-Site Day/Quality Incentive: 2.87		<u>Facility Score</u> 2.87	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2913 Quarterly Medicaid CMI: 1.0296 Qtrly Mcaid CMI w RUG Wght Options: 1.0417			<u>Facility Specific</u> 1.2913 1.0296 1.0417	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,571,023	\$1,315,027	\$0	\$294,641	\$502,095	\$0	\$924,040		\$535,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$110,995)	(\$91,179)	\$0	\$0	\$0	\$0	\$43,155		(\$62,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,024		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,971
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,571,023	\$1,223,848	\$0	\$294,641	\$502,095	\$0	\$967,195	\$48,024	\$472,249	\$62,971
8	Total Nursing Facility Days As Filed Days = 17,934	FY21 Audited C/R Days	17,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,934	FY21 GL-PL Ins Rpt Days								17,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.12	\$68.24	\$0.00	\$16.43	\$28.00	(with L&H)	\$53.93	\$2.68	\$26.33	\$3.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2913								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.85	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25 (FRV)	\$3.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.63	\$52.85	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0417								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.83	\$55.05	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.55	\$0.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.29	\$57.78	\$0.00	\$16.65	\$28.41	\$0.00	\$54.01	\$2.68	\$8.25	\$3.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OAKVIEW HEALTH AND REHABILITATION Prvdr ID: 00142238A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4771	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		35.78%	2.5%	Quarterly Medicaid CMI:			1.5075	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.09	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5342	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$157,040		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,128,710	\$4,676,950	\$0	\$843,185	\$970,368	(\$1,150)	\$1,333,384	\$157,040	\$1,102,015	\$46,918
8	Total Nursing Facility Days As Filed Days = 45,457	FY21 Audited C/R Days	45,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,457	FY21 GL-PL Ins Rpt Days								45,457		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.81	\$102.89	\$0.00	\$18.55	\$21.32	(with L&H)	\$29.33	\$3.45	\$24.24	\$1.03
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4771								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84 (FRV)	\$1.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.18	\$69.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5342								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.39	\$106.87	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.54	\$8.54	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.93	\$115.41	\$0.00	\$18.77	\$21.73	\$0.00	\$29.70	\$3.45	\$15.84	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OAK VIEW HOME, INC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142249A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2527	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		41.43%	2.5%	Quarterly Medicaid CMI:			1.2187	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.16	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2379	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,941,829	\$3,346,932	\$0	\$499,134	\$706,400	\$0	\$1,067,721		\$321,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$148,513)	(\$3,375)	\$0	(\$826)	\$0	(\$528)	(\$117,596)		(\$26,188)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$107,380		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,188
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,926,884	\$3,343,557	\$0	\$498,308	\$706,400	(\$528)	\$950,125	\$107,380	\$295,454	\$26,188
8	Total Nursing Facility Days As Filed Days = 28,920	FY21 Audited C/R Days	28,920									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,920	FY21 GL-PL Ins Rpt Days								28,920		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.94	\$115.61	\$0.00	\$17.23	\$24.41	(with L&H)	\$32.85	\$3.71	\$10.22	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.2527								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	\$10.22	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41		\$32.85	\$3.71	10.25 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.65	\$92.29	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2379								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.61	\$114.25	\$0.00	\$17.23	\$24.41	\$0.00	\$32.85	\$3.71	\$10.25	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$7.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.67	\$122.21	\$0.00	\$17.45	\$24.82	\$0.00	\$50.32	\$3.71	\$10.25	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS NURSING HOME, INC. Prvdr ID: 00142271A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 48.78% Nurse Hours per On-Site Day/Quality Incentive: 3.88		<u>Facility Score</u> 3.88	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5859 Quarterly Medicaid CMI: 1.6303 Qtrly Mcaid CMI w RUG Wght Options: 1.6591			<u>Facility Specific</u> 1.5859 1.6303 1.6591	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,828	\$2,248,981	\$0	\$416,970	\$588,897	\$0	\$610,061		\$42,919	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,590		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,912
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,903,456	\$2,248,611	\$0	\$416,970	\$588,897	\$0	\$561,469	\$44,590	\$11,007	\$31,912
8	Total Nursing Facility Days	FY21 Audited C/R Days	21,095									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								21,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.04	\$106.59	\$0.00	\$19.77	\$27.92	(with L&H)	\$26.62	\$2.11	\$0.52	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5859								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.13	\$67.21	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6591								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.43	\$111.51	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.13	\$6.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.11	\$10.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.54	\$121.52	\$0.00	\$19.99	\$28.33	\$0.00	\$44.09	\$2.11	\$14.99	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - OLD CAPITOL Prvdr ID: 00142304A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 44.78% Nurse Hours per On-Site Day/Quality Incentive: 3.27		<u>Facility Score</u> 3.27	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3583 Quarterly Medicaid CMI: 1.4622 Qtrly Mcaid CMI w RUG Wght Options: 1.4874			<u>Facility Specific</u> 1.3583 1.4622 1.4874	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,393,979	\$3,331,999	\$0	\$580,828	\$718,360	\$0	\$1,452,836		\$309,956	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$726,950)	(\$113,282)	\$0	\$1,793	(\$2,226)	(\$2,344)	(\$562,329)		(\$48,562)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$615,542		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$7,309
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,289,880	\$3,218,717	\$0	\$582,621	\$716,134	(\$2,344)	\$890,507	\$615,542	\$261,394	\$7,309
11	Total Nursing Facility Days As Filed Days = 35,467	FY21 Audited C/R Days	35,467									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,467	FY21 GL-PL Ins Rpt Days								35,467		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$177.36	\$90.75	\$0.00	\$16.43	\$20.13	(with L&H)	\$25.11	\$17.36	\$7.37	\$0.21
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3583								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.81								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$66.81	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32 (FRV)	\$0.21
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.37	\$66.81	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4874								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.37								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.93	\$99.37	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.97	\$4.97								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.08	\$7.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.01	\$107.35	\$0.00	\$16.65	\$20.54	\$0.00	\$42.58	\$17.36	\$8.32	\$0.21
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - OCILLA Prvdr ID: 00142315A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6599	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		25.49%	1.0%	Quarterly Medicaid CMI:			1.6919	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.70	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7249	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,597,345	\$2,475,684	\$0	\$278,422	\$648,735	\$0	\$1,004,514		\$189,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$358,452		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,863
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,575,764	\$2,380,910	\$0	\$278,422	\$648,761	(\$150)	\$723,306	\$358,452	\$159,200	\$26,863
8	Total Nursing Facility Days As Filed Days = 20,479	FY21 Audited C/R Days	20,479									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,479	FY21 GL-PL Ins Rpt Days								20,479		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.43	\$116.26	\$0.00	\$13.60	\$31.67	(with L&H)	\$35.32	\$17.50	\$7.77	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6599								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.52	\$70.04	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7249								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.29	\$120.81	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.04	\$6.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.88	\$7.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.17	\$128.59	\$0.00	\$13.82	\$32.08	\$0.00	\$52.79	\$17.50	\$10.08	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PALEMON GASKINS MEM NSG HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142326A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			0.9961	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		41.18%	2.5%	Quarterly Medicaid CMI:			1.1430	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		no data	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1642	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,604,297	\$1,302,730	\$0	\$524,458	\$84,049	\$216,313	\$523,046		(\$46,299)	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)		\$119,561	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$2,963
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,430,084	\$1,282,763	\$0	\$285,741	\$58,010	\$193,666	\$521,119	\$12,560	\$73,262	\$2,963
8	Total Nursing Facility Days As Filed Days = 9,231	FY21 Audited C/R Days	9,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 9,231	FY21 GL-PL Ins Rpt Days								9,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.24	\$138.96	\$0.00	\$30.95	\$27.26	(with L&H)	\$56.45	\$1.36	\$7.94	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9961								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$139.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$139.51	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36	15.36 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.98	\$99.82	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1642								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.37	\$116.21	\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.64	\$2.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.01	\$119.12	\$0.00	\$31.17	\$27.67	\$0.00	\$54.01	\$1.36	\$15.36	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - PALMYRA				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142337A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5320	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		42.20%	2.5%	Quarterly Medicaid CMI:			1.5428	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.44	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5704	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1,414,439	\$0	\$2,685,974		\$930,342	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$1,100,307)	(\$131,179)	\$0	\$0	(\$6,023)	(\$2,497)	(\$879,125)		(\$81,483)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$1,001,633		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,422
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5320								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.75	\$76.12	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5704								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.17	\$119.54	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.98	\$5.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.60	\$9.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.77	\$129.04	\$0.00	\$16.03	\$26.08	\$0.00	\$50.45	\$18.28	\$9.79	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WELLSTAR PAULDING NURSING CTR Prvdr ID: 00142359A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.94% Nurse Hours per On-Site Day/Quality Incentive: 3.64		<u>Facility Score</u> 3.64	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.0836 Quarterly Medicaid CMI: 1.0124 Qtrly Mcaid CMI w RUG Wght Options: 1.0225			<u>Facility Specific</u> 1.0836 1.0124 1.0225	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$24,127,338	\$9,766,596	\$0	\$2,369,012	\$1,478,875	\$2,256,357	\$3,748,064		\$4,508,434	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,931)	(\$2,677)	\$0	\$0	(\$1,553)	(\$2,370)	(\$130,331)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$130,331		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,120,738	\$9,763,919	\$0	\$2,369,012	\$1,477,322	\$2,253,987	\$3,617,733	\$130,331	\$4,508,434	\$0
8	Total Nursing Facility Days As Filed Days = 42,862	FY21 Audited C/R Days	42,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,862	FY21 GL-PL Ins Rpt Days								42,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$562.74	\$227.80	\$0.00	\$55.27	\$87.05	(with L&H)	\$84.40	\$3.04	\$105.18	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.0836								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$210.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$210.23	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$220.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0225								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.73	\$102.07	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.63	\$6.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.36	\$108.70	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE LODGE Prvdr ID: 00142381A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8976	1.5751
				Qtrly BIMS score		31.58%	2.5%	Quarterly Medicaid CMI:			1.7607	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		4.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7936	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,467,748	\$2,883,610	\$0	\$564,763	\$761,176	\$0	\$1,120,692		\$137,507	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,200)	(\$13,947)	\$0	\$0	\$0	\$0	(\$156,782)		(\$3,471)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$148,646		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,471
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,445,665	\$2,869,663	\$0	\$564,763	\$761,176	\$0	\$963,910	\$148,646	\$134,036	\$3,471
8	Total Nursing Facility Days As Filed Days = 21,311	FY21 Audited C/R Days	21,311									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,311	FY21 GL-PL Ins Rpt Days								21,311		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.54	\$134.66	\$0.00	\$26.50	\$35.72	(with L&H)	\$45.23	\$6.98	\$6.29	\$0.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8976								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.96	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23 (FRV)	\$0.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.02	\$70.96	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7936								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.33	\$127.27	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.85	\$7.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.18	\$134.80	\$0.00	\$26.72	\$33.28	\$0.00	\$54.01	\$6.98	\$34.23	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PELHAM PARKWAY NURSING HM				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142425A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.1494	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		36.84%	2.5%	Quarterly Medicaid CMI:			1.1399	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.1558	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,403,395		\$570,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$52,542)	\$0	\$0	\$0	\$0	\$0	(\$39,254)		(\$13,288)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$39,254		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,288
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,891,809	\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,364,141	\$39,254	\$556,923	\$13,288
8	Total Nursing Facility Days As Filed Days = 35,116	FY21 Audited C/R Days	35,116									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,116	FY21 GL-PL Ins Rpt Days								35,116		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.22	\$130.04	\$0.00	\$26.96	\$40.01	(with L&H)	\$38.85	\$1.12	\$15.86	\$0.38
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.1494								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$113.13	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	12.51 (FRV)	\$0.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.98	\$99.82	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1558								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.53	\$115.37	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$12.51	\$0.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.66	\$6.34	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.19	\$121.71	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$12.51	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - JASPER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142436A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6379	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		19.61%	0.0%	Quarterly Medicaid CMI:			1.6098	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.76	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6389	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,438,050	\$2,274,309	\$0	\$354,292	\$517,467	\$0	\$921,246		\$370,736	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,470)	(\$89,390)	\$0	\$0	\$1,222	\$319	(\$183,858)		(\$36,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$258,122		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,399,016	\$2,184,919	\$0	\$354,292	\$518,689	\$319	\$737,388	\$258,122	\$333,973	\$11,314
8	Total Nursing Facility Days As Filed Days = 17,241	FY21 Audited C/R Days	17,241									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,241	FY21 GL-PL Ins Rpt Days								17,241		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.15	\$126.73	\$0.00	\$20.55	\$30.10	(with L&H)	\$42.77	\$14.97	\$19.37	\$0.66
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6379								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.37	\$0.00	\$20.55	\$30.10		\$42.77	\$14.97	\$19.37	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10		\$36.91	\$14.97	16.56 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.12	\$77.37	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6389								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.55	\$126.80	\$0.00	\$20.55	\$30.10	\$0.00	\$36.91	\$14.97	\$16.56	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.61	\$7.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.87	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$272.42	\$134.94	\$0.00	\$20.77	\$30.51	\$0.00	\$54.01	\$14.97	\$16.56	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW PIERCE COUNTY Prvdr ID: 00142447A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.07% Nurse Hours per On-Site Day/Quality Incentive: 4.21		<u>Facility Score</u> 4.21	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6817 Quarterly Medicaid CMI: 1.8041 Qtrly Mcaid CMI w RUG Wght Options: 1.8387			<u>Facility Specific</u> 1.6817 1.8041 1.8387	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,768	\$2,580,529	\$0	\$418,018	\$566,810	\$0	\$808,783		\$892,628	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$173,608)	\$22,407	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,295,461	\$2,602,936	\$0	\$414,028	\$566,810	\$3,990	\$712,469	\$92,429	\$792,927	\$109,872
8	Total Nursing Facility Days As Filed Days = 21,606	FY21 Audited C/R Days	21,606									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,606	FY21 GL-PL Ins Rpt Days								21,606		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.10	\$120.47	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93 (FRV)	\$5.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.50	\$71.64	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8387								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.58	\$131.72	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$5.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.48	\$137.52	\$0.00	\$19.38	\$26.83	\$0.00	\$50.45	\$4.28	\$17.93	\$5.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINE KNOLL NURSING & REHAB CTR Prvdr ID: 00142458A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 19.32% Nurse Hours per On-Site Day/Quality Incentive: 3.03		<u>Facility Score</u> 3.03	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7171 Quarterly Medicaid CMI: 1.4933 Qtrly Mcaid CMI w RUG Wght Options: 1.5196			<u>Facility Specific</u> 1.7171 1.4933 1.5196	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,370,049		\$825,733	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$53,813)	\$0	\$0	\$0	\$0	\$0	(\$12,462)		(\$41,351)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$12,462		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,351
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,357,587	\$12,462	\$784,382	\$41,351
8	Total Nursing Facility Days As Filed Days = 34,574	FY21 Audited C/R Days	34,574									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,574	FY21 GL-PL Ins Rpt Days								34,574		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.25	\$108.21	\$0.00	\$18.62	\$17.90	(with L&H)	\$39.27	\$0.36	\$22.69	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7171								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.02	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.70	\$63.02	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5196								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.45	\$95.77	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.58	\$99.17	\$0.00	\$18.84	\$18.31	\$0.00	\$54.01	\$0.36	\$8.69	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CROSSVIEW CARE CENTER Prvdr ID: 00142502A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4045	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		26.47%	1.0%	Quarterly Medicaid CMI:			1.6256	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		1.71	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6568	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,648,464	\$2,377,800	\$0	\$406,497	\$397,972	\$0	\$731,834		\$734,361	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,268)	\$0	\$0	\$0	(\$1,662)	(\$1,489)	(\$75,173)		(\$20,944)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,316		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,779
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,291	\$2,377,800	\$0	\$406,497	\$396,310	(\$1,489)	\$656,661	\$61,316	\$713,417	\$20,779
8	Total Nursing Facility Days As Filed Days = 22,910	FY21 Audited C/R Days	22,910									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,910	FY21 GL-PL Ins Rpt Days								22,910		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.15	\$103.79	\$0.00	\$17.74	\$17.23	(with L&H)	\$28.66	\$2.68	\$31.14	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4045								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	\$31.14	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23		\$28.66	\$2.68	8.61 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.73	\$73.90	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6568								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.27	\$122.44	\$0.00	\$17.74	\$17.23	\$0.00	\$28.66	\$2.68	\$8.61	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.22	\$1.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.07	\$2.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.34	\$125.41	\$0.00	\$17.96	\$17.64	\$0.00	\$46.13	\$2.68	\$8.61	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR Prvdr ID: 00142513A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 46.15% Nurse Hours per On-Site Day/Quality Incentive: 4.68		<u>Facility Score</u> 4.68	<u>Add-on Percent</u> 0.00% 5.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3147 Quarterly Medicaid CMI: 1.5483 Qtrly Mcaid CMI w RUG Wght Options: 1.5763			<u>Facility Specific</u> 1.3147 1.5483 1.5763	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,159,264		\$441,732	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$69,429)	\$0	\$0	\$0	\$0	\$0	(\$50,456)		(\$18,973)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,456		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,973
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,108,808	\$50,456	\$422,759	\$18,973
8	Total Nursing Facility Days	FY21 Audited C/R Days	26,672									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								26,672		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$207.83	\$90.69	\$0.00	\$34.41	\$22.71	(with L&H)	\$41.57	\$1.89	\$15.85	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3147								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.98	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.56	\$68.98	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.56	\$68.98	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5763								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.31	\$108.73	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.98	\$5.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.41	\$8.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.72	\$117.41	\$0.00	\$34.63	\$23.12	\$0.00	\$54.01	\$1.89	\$9.95	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LILLIAN G CARTER HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142524A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6362	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		46.51%	5.5%	Quarterly Medicaid CMI:			1.4790	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.14	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5023	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)		(\$32,568)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,950		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,568
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,659,906	\$3,164,401	\$0	\$505,349	\$577,514	(\$541)	\$783,342	\$105,950	\$491,323	\$32,568
8	Total Nursing Facility Days As Filed Days = 27,064	FY21 Audited C/R Days	27,064									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,064	FY21 GL-PL Ins Rpt Days								27,064		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$209.11	\$116.92	\$0.00	\$18.67	\$21.32	(with L&H)	\$28.94	\$3.91	\$18.15	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6362								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.18	\$71.46	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5023								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.07	\$107.35	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.90	\$5.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.75	\$9.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.82	\$117.00	\$0.00	\$18.89	\$21.73	\$0.00	\$46.41	\$3.91	\$10.68	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE PLACE AT MARTINEZ Prvdr ID: 00142535A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 19.64% Nurse Hours per On-Site Day/Quality Incentive: 3.72		<u>Facility Score</u> 3.72	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3968 Quarterly Medicaid CMI: 1.2502 Qtrly Mcaid CMI w RUG Wght Options: 1.2666			<u>Facility Specific</u> 1.3968 1.2502 1.2666	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,553,835	\$2,955,002	\$0	\$515,467	\$478,603	\$0	\$1,166,332		\$438,431	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$552,500)	(\$4,249)	\$0	\$0	(\$532)	(\$621)	(\$457,619)		(\$89,479)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$407,626		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$89,264
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,498,225	\$2,950,753	\$0	\$515,467	\$478,071	(\$621)	\$708,713	\$407,626	\$348,952	\$89,264
11	Total Nursing Facility Days As Filed Days = 22,683	FY21 Audited C/R Days	22,683									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,683	FY21 GL-PL Ins Rpt Days								22,683		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.39	\$130.09	\$0.00	\$22.72	\$21.05	(with L&H)	\$31.24	\$17.97	\$15.38	\$3.94
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3968								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.13								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33 (FRV)	\$3.94
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.38	\$93.13	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2666								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.96								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.21	\$117.96	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.17	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.38	\$122.03	\$0.00	\$22.94	\$21.46	\$0.00	\$48.71	\$17.97	\$11.33	\$3.94
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PLEASANT VIEW NURSING CENTER Prvdr ID: 00142546A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3261	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		29.67%	1.0%	Quarterly Medicaid CMI:			1.4880	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5151	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,876,385	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$1,054,581		\$623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,018		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,769
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,853,267	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$951,445	\$80,018	\$566,693	\$56,769
8	Total Nursing Facility Days As Filed Days = 38,223	FY21 Audited C/R Days	38,223									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,223	FY21 GL-PL Ins Rpt Days								38,223		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$153.14	\$80.61	\$0.00	\$12.53	\$16.70	(with L&H)	\$24.89	\$2.09	\$14.83	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3261								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.18	\$60.79	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5151								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.49	\$92.10	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.80	\$96.31	\$0.00	\$12.75	\$17.11	\$0.00	\$42.36	\$2.09	\$9.69	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CEDAR VALLEY NSG & REHAB CTR Prvdr ID: 00142557A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 44.90% Nurse Hours per On-Site Day/Quality Incentive: 2.84		<u>Facility Score</u> 2.84	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6292 Quarterly Medicaid CMI: 1.4932 Qtrly Mcaid CMI w RUG Wght Options: 1.5187			<u>Facility Specific</u> 1.6292 1.4932 1.5187	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,501,761	\$2,628,706	\$0	\$519,462	\$525,174	\$0	\$1,077,078		\$751,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$10,215		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,501,761	\$2,547,136	\$0	\$505,406	\$525,174	\$14,056	\$1,148,433	\$10,215	\$715,701	\$35,640
8	Total Nursing Facility Days As Filed Days = 27,936	FY21 Audited C/R Days	27,936									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY21 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.95	\$91.18	\$0.00	\$18.09	\$19.30	(with L&H)	\$41.11	\$0.37	\$25.62	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6292								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.97	\$0.00	\$18.09	\$19.30		\$41.11	\$0.37	\$25.62	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30		\$36.91	\$0.37	9.91 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.83	\$55.97	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5187								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.86	\$85.00	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.80	\$90.21	\$0.00	\$18.31	\$19.71	\$0.00	\$54.01	\$0.37	\$9.91	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRESBYTERIAN HOME, QUITMAN, IN Prvdr ID: 00142579A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 45.38% Nurse Hours per On-Site Day/Quality Incentive: 3.91		<u>Facility Score</u> N/A 45.38% 3.91	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3755 Quarterly Medicaid CMI: 1.3632 Qtrly Mcaid CMI w RUG Wght Options: 1.3859			<u>Facility Specific</u> 1.3755 1.3632 1.3859	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,239,689	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,274,227		\$746,611	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,151		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,896
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,267,994	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,202,381	\$100,151	\$717,715	\$28,896
8	Total Nursing Facility Days As Filed Days = 59,903	FY21 Audited C/R Days	59,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,903	FY21 GL-PL Ins Rpt Days								59,903		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.49	\$117.21	\$0.00	\$28.20	\$25.18	(with L&H)	\$36.77	\$1.67	\$11.98	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3755								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.21	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.07	\$85.21	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3859								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.95	\$118.09	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$11.07	\$10.56	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.02	\$128.65	\$0.00	\$26.82	\$25.59	\$0.00	\$36.87	\$1.67	\$18.94	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRYANT HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142601A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5157	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		25.93%	1.0%	Quarterly Medicaid CMI:			1.5797	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.52	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6105	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,225,762	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$855,900		\$720,199	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,949,993	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$484,380	\$95,751	\$691,598	\$28,601
8	Total Nursing Facility Days As Filed Days = 20,952	FY21 Audited C/R Days	20,952									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,952	FY21 GL-PL Ins Rpt Days								20,952		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.54	\$90.78	\$0.00	\$15.87	\$19.82	(with L&H)	\$23.12	\$4.57	\$33.01	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5157								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.32	\$59.89	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6105								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.88	\$96.45	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.36	\$100.83	\$0.00	\$16.09	\$20.23	\$0.00	\$40.59	\$4.57	\$9.68	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PROVIDENCE HEALTHCARE				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142612A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4734	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	29.69%	1.0%	Quarterly Medicaid CMI:				1.5226	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5504	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,420,119	\$2,642,259	\$0	\$461,992	\$525,857	\$0	\$892,338		\$897,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$150,658)	\$0	\$0	\$0	(\$1,610)	(\$1,576)	(\$127,708)		(\$19,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,694		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,644
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,399,799	\$2,642,259	\$0	\$461,992	\$524,247	(\$1,576)	\$764,630	\$110,694	\$877,909	\$19,644
8	Total Nursing Facility Days As Filed Days = 25,628	FY21 Audited C/R Days	25,628									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,628	FY21 GL-PL Ins Rpt Days								25,628		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.71	\$103.10	\$0.00	\$18.03	\$20.39	(with L&H)	\$29.84	\$4.32	\$34.26	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4734								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.97	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	8.75 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.07	\$69.97	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5504								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.58	\$108.48	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.96	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.54	\$113.34	\$0.00	\$18.25	\$20.80	\$0.00	\$47.31	\$4.32	\$8.75	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.33									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Providence HC Sparta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142623A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5528	1.3617
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	0.0%	Quarterly Medicaid CMI:			1.4381	1.5138
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.99	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4629	1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R -FY 2020 GL-PL Rpt												
Inflation (July 2012) @ 4.30%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.00%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GREENE POINT HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142634A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3485	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid CMI:			1.2673	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.48	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2889	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,659,957	\$1,949,398	\$0	\$342,213	\$467,011	\$0	\$612,486		\$288,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$78,315)	(\$1,768)	\$0	(\$433)	\$0	(\$363)	(\$58,195)		(\$17,556)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,845		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,556
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,652,043	\$1,947,630	\$0	\$341,780	\$467,011	(\$363)	\$554,291	\$52,845	\$271,293	\$17,556
8	Total Nursing Facility Days As Filed Days = 15,146	FY21 Audited C/R Days	15,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,146	FY21 GL-PL Ins Rpt Days								15,146		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.13	\$128.59	\$0.00	\$22.57	\$30.81	(with L&H)	\$36.60	\$3.49	\$17.91	\$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3485								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.01	\$95.35	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2889								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.56	\$122.90	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.15	\$6.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.87	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.43	\$130.81	\$0.00	\$22.79	\$31.22	\$0.00	\$53.93	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.50									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> Provider: Warrenton H&R Pvdr ID: 00142645A H/B ?: No </div> <div> Add-on Data and Percentages Growth Allowance: N/A BIMS 27.3% Nurse Hours per On-Site Day/Quality Incentive: 3.54 </div> <div> Facility Score Add-on Percent 0.00% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5528 Quarterly Medicaid CMI: 1.3521 Qtrly Mcaid CMI w RUG Wght Options: 1.3722 </div> <div> Facility Specific 1.5528 1.3521 1.3722 </div> <div> State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost 2020	FY2020 C/R -FY 2020 GL-PL Rpt		1,819,480		414,160	504,946	1,715	668,786	86,784	656,976	44,295
	Inflation (July 2021) @ 4.30%			78,238		17,809	21,786		28,758			1,905
	Patient Days	FY 2020 Cost Rpt		23,097		23,097	23,097		23,097		23,097	23,097
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 20 GL-PL Ins Rpt Days								23,097		
	Inflated NHC/ Patient Days			82.16		18.70	22.88		30.20	3.76	28.44	2.00
	Base Period Facility CMI for all Residents			1.5528								
	Routine Services Case Mix Adjusted Net Per Diem			\$52.91								
	Net Per Diems After Case Mix Adjustments		\$158.90	\$52.91		\$18.70	\$22.88		\$30.20	\$3.76	\$28.44	2.00
	Per Diem Standards			\$99.82		\$26.82	\$33.28		\$36.91			
	Base Period Case Mix Adjusted Allowed Per Diem		\$139.36	\$52.91		\$18.70	\$22.88		\$30.20	\$3.76	8.91	2.00
	Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
	Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
	CMA Allowed Per Diem After Growth Allowance		\$139.36	\$52.91		\$18.70	\$22.88		\$30.20	\$3.76	\$8.91	\$2.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3722								
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$72.60								
	Quarterly Medicaid CMA Allowed Per Diem		\$159.05	\$72.60		\$18.70	\$22.88		\$30.20	\$3.76	\$8.91	\$2.00
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		\$0.73	0.73								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.18	2.18								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.54									
	Quarterly Case Mix Based Per Diem Rate		\$180.59	\$76.04		\$18.92	\$23.29		\$47.67	\$3.76	\$8.91	\$2.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$122.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ORCHARD HEALTH AND REHABILITATION Prvdr ID: 00142656A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 31.82% Nurse Hours per On-Site Day/Quality Incentive: 3.17		<u>Facility Score</u> 3.17	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3150 Quarterly Medicaid CMI: 1.3055 Qtrly Mcaid CMI w RUG Wght Options: 1.3259			<u>Facility Specific</u> 1.3150 1.3055 1.3259	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,735,805	\$2,710,319	\$0	\$501,104	\$527,424	\$0	\$794,131		\$202,827	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$147,870)	(\$2,784)	\$0	(\$703)	\$3	(\$420)	(\$117,916)		(\$26,050)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,415		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,721,139	\$2,707,535	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789
8	Total Nursing Facility Days As Filed Days = 24,631	FY21 Audited C/R Days	24,741									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,631	FY21 GL-PL Ins Rpt Days								24,741		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.83	\$109.44	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.22								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	9.22 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$83.22	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3259								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.80	\$110.34	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.52	\$5.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.91	\$8.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.71	\$119.15	\$0.00	\$20.45	\$21.71	\$0.00	\$44.80	\$4.42	\$9.22	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB Prvdr ID: 00142678A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.36% Nurse Hours per On-Site Day/Quality Incentive: 3.48		<u>Facility Score</u> 3.48	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7384 Quarterly Medicaid CMI: 1.6279 Qtrly Mcaid CMI w RUG Wght Options: 1.6571			<u>Facility Specific</u> 1.7384 1.6279 1.6571	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,780,205	\$2,079,357	\$0	\$362,924	\$398,923	\$0	\$572,981		\$366,020	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,920		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,544
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,770,812	\$2,077,245	\$0	\$362,407	\$398,923	(\$371)	\$503,668	\$62,920	\$338,476	\$27,544
11	Total Nursing Facility Days As Filed Days = 18,097	FY21 Audited C/R Days	18,097									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,097	FY21 GL-PL Ins Rpt Days								18,097		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.36	\$114.78	\$0.00	\$20.03	\$22.02	(with L&H)	\$27.83	\$3.48	\$18.70	\$1.52
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7384								
15	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.03								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52
17	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78 (FRV)	\$1.52
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.69	\$66.03	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6571								
22	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.42								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.08	\$109.42	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.47	\$5.47								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$8.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.92	\$118.16	\$0.00	\$20.25	\$22.43	\$0.00	\$45.30	\$3.48	\$11.78	\$1.52
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.9349	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		24.32%	1.0%	Quarterly Medicaid CMI:			1.9928	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0313	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,652,609	\$1,659,123	\$0	\$329,656	\$440,513	\$0	\$857,163		\$366,154	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,232)	(\$6,302)	\$0	\$0	\$0	\$0	(\$18,068)		(\$17,862)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,669		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,862
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,644,908	\$1,652,821	\$0	\$329,656	\$440,513	\$0	\$839,095	\$16,669	\$348,292	\$17,862
8	Total Nursing Facility Days As Filed Days = 17,731	FY21 Audited C/R Days	17,731									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,731	FY21 GL-PL Ins Rpt Days								17,731		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$205.56	\$93.22	\$0.00	\$18.59	\$24.84	(with L&H)	\$47.32	\$0.94	\$19.64	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9349								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$48.18	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.41	\$48.18	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0313								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.10	\$97.87	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.28	\$102.32	\$0.00	\$18.81	\$25.25	\$0.00	\$54.01	\$0.94	\$7.94	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142711A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5985	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		12.12%	0.0%	Quarterly Medicaid CMI:			1.5729	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.33	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6005	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,135,451	\$1,865,160	\$0	\$330,376	\$459,646	\$0	\$918,548		\$561,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$54,920)	(\$99,547)	\$0	\$0	\$0	\$1,050	\$94,873		(\$51,296)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$4,674		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,296
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,136,501	\$1,765,613	\$0	\$330,376	\$459,646	\$1,050	\$1,013,421	\$4,674	\$510,425	\$51,296
8	Total Nursing Facility Days As Filed Days = 17,007	FY21 Audited C/R Days	17,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,007	FY21 GL-PL Ins Rpt Days								17,007		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.23	\$103.82	\$0.00	\$19.43	\$27.09	(with L&H)	\$59.59	\$0.27	\$30.01	\$3.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5985								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09		\$36.91	\$0.27	18.47 (FRV)	\$3.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.14	\$64.95	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6005								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.14	\$103.95	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.52	\$107.60	\$0.00	\$19.65	\$27.50	\$0.00	\$54.01	\$0.27	\$18.47	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BUCHANAN HEALTHCARE CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142722A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6817	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		15.63%	0.0%	Quarterly Medicaid CMI:			1.2813	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3007	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,229,239	\$1,887,153	\$0	\$292,845	\$357,025	\$0	\$1,348,128		\$344,088	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$138,993)	(\$23,335)	\$0	\$0	\$0	\$0	(\$92,686)		(\$22,972)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,686		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,972
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,205,904	\$1,863,818	\$0	\$292,845	\$357,025	\$0	\$1,255,442	\$92,686	\$321,116	\$22,972
8	Total Nursing Facility Days As Filed Days = 17,870	FY21 Audited C/R Days	17,870									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,870	FY21 GL-PL Ins Rpt Days								17,870		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.37	\$104.30	\$0.00	\$16.39	\$19.98	(with L&H)	\$70.25	\$5.19	\$17.97	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6817								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$62.02	\$0.00	\$16.39	\$19.98		\$70.25	\$5.19	\$17.97	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98		\$36.91	\$5.19	11.75 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.53	\$62.02	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3007								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.18	\$80.67	\$0.00	\$16.39	\$19.98	\$0.00	\$36.91	\$5.19	\$11.75	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.68	\$2.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.86	\$83.62	\$0.00	\$16.61	\$20.39	\$0.00	\$54.01	\$5.19	\$11.75	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE RETREAT				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142733A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.1292	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.1005	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1144	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$591,372		\$218,073	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$15,820)	\$0	\$0	\$0	\$0	\$0	(\$15,820)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,820		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,631,443	\$2,548,680	\$0	\$780,988	\$217,448	\$274,882	\$575,552	\$15,820	\$218,073	\$0
8	Total Nursing Facility Days As Filed Days = 19,704	FY21 Audited C/R Days	19,704									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,704	FY21 GL-PL Ins Rpt Days								19,704		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.06	\$129.35	\$0.00	\$39.64	\$24.99	(with L&H)	\$29.21	\$0.80	\$11.07	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.1292								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$114.55								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$114.55	\$0.00	\$39.64	\$24.99		\$29.21	\$0.80	\$11.07	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99		\$29.21	\$0.80	8.98 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.93	\$99.82	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.1144								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.35	\$111.24	\$0.00	\$37.13	\$24.99	\$0.00	\$29.21	\$0.80	\$8.98	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$6.12	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.35	\$117.36	\$0.00	\$37.13	\$25.40	\$0.00	\$46.68	\$0.80	\$8.98	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RIDGEWOOD MANOR HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142744A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4897	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	40.98%	2.5%	Quarterly Medicaid CMI:				1.1742	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1890	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,749,025	\$3,476,594	\$0	\$588,761	\$786,901	\$0	\$1,538,059		\$358,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,996		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,624,805	\$3,473,089	\$0	\$595,658	\$709,347	(\$2,843)	\$1,428,530	\$51,996	\$358,710	\$10,318
8	Total Nursing Facility Days As Filed Days = 25,728	FY21 Audited C/R Days	25,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,728	FY21 GL-PL Ins Rpt Days								25,728		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.48	\$134.99	\$0.00	\$23.15	\$27.46	(with L&H)	\$55.52	\$2.02	\$13.94	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4897								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$90.61	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.41	\$90.61	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1890								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.54	\$107.74	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.49	\$110.96	\$0.00	\$23.37	\$27.87	\$0.00	\$54.01	\$2.02	\$9.86	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARBORVIEW SATILLA Prvdr ID: 00142755A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5907	1.5751
				Qtrly BIMS score		12.96%	0.0%	Quarterly Medicaid CMI:			1.7950	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.12	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8290	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,162,906	\$2,952,579	\$0	\$505,108	\$643,549	\$0	\$1,213,931		\$847,739	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,917		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,184,114	\$2,882,872	\$0	\$505,108	\$643,549	(\$3,513)	\$1,144,442	\$138,917	\$798,088	\$74,651
8	Total Nursing Facility Days As Filed Days = 29,283	FY21 Audited C/R Days	29,283									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,283	FY21 GL-PL Ins Rpt Days								29,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$211.18	\$98.45	\$0.00	\$17.25	\$21.86	(with L&H)	\$39.08	\$4.74	\$27.25	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5907								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.89	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86		\$36.91	\$4.74	13.61 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.81	\$61.89	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8290								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.12	\$113.20	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.52	\$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.64	\$115.99	\$0.00	\$17.47	\$22.27	\$0.00	\$54.01	\$4.74	\$13.61	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ETOWAH LANDING Prvdr ID: 00142766A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.14% Nurse Hours per On-Site Day/Quality Incentive: 3.15		<u>Facility Score</u> 3.15	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6091 Quarterly Medicaid CMI: 1.8049 Qtrly Mcaid CMI w RUG Wght Options: 1.8397			<u>Facility Specific</u> 1.6091 1.8049 1.8397	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,812,108	\$3,125,360	\$0	\$537,422	\$483,015	\$0	\$1,085,883		\$580,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$259,081)	(\$41,934)	\$0	\$0	(\$4,642)	(\$5,467)	(\$158,714)		(\$48,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,807,482	\$3,083,426	\$0	\$537,422	\$478,373	(\$5,467)	\$927,169	\$207,141	\$532,104	\$47,314
8	Total Nursing Facility Days As Filed Days = 29,460	FY21 Audited C/R Days	29,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,460	FY21 GL-PL Ins Rpt Days								29,460		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.12	\$104.66	\$0.00	\$18.24	\$16.05	(with L&H)	\$31.47	\$7.03	\$18.06	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6091								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	\$18.06	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05		\$31.47	\$7.03	9.17 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.61	\$65.04	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8397								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.22	\$119.65	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.21	\$7.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.43	\$126.76	\$0.00	\$18.46	\$16.46	\$0.00	\$48.94	\$7.03	\$9.17	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROBERTA HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142777A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7508	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		39.53%	2.5%	Quarterly Medicaid CMI:			1.7585	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.45	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7913	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,984,403	\$1,898,551	\$0	\$338,555	\$447,229	\$0	\$1,570,690		\$729,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,750		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,971,713	\$1,886,640	\$0	\$338,555	\$447,229	\$0	\$1,526,161	\$43,750	\$671,643	\$57,735
8	Total Nursing Facility Days As Filed Days = 26,018	FY21 Audited C/R Days	26,018									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,018	FY21 GL-PL Ins Rpt Days								26,018		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.08	\$72.51	\$0.00	\$13.01	\$17.19	(with L&H)	\$58.66	\$1.68	\$25.81	\$2.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7508								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$41.42	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00 (FRV)	\$2.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.43	\$41.42	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7913								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.21	\$74.20	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.48	\$1.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.81	\$78.07	\$0.00	\$13.23	\$17.60	\$0.00	\$54.01	\$1.68	\$8.00	\$2.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN FOUNTAINS HOME Prvdr ID: 00142843A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.89% Nurse Hours per On-Site Day/Quality Incentive: 3.61		<u>Facility Score</u> 3.61	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1498 Quarterly Medicaid CMI: 1.0898 Qtrly Mcaid CMI w RUG Wght Options: 1.1042			<u>Facility Specific</u> 1.1498 1.0898 1.1042	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,651,958	\$3,278,054	\$0	\$985,932	\$911,253	\$763,262	\$4,809,955		\$903,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$29,519)	\$286	\$0	\$751	\$368	\$444	(\$48,245)		\$16,877	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,672,190	\$3,278,340	\$0	\$986,683	\$911,621	\$763,706	\$4,761,710	\$49,751	\$920,379	\$0
8	Total Nursing Facility Days As Filed Days = 29,430	FY21 Audited C/R Days	29,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,430	FY21 GL-PL Ins Rpt Days								29,430		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$396.61	\$111.39	\$0.00	\$33.53	\$56.93	(with L&H)	\$161.80	\$1.69	\$31.27	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.1498								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.88	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.12	\$96.88	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1042								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.21	\$106.97	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$6.41	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.94	\$113.38	\$0.00	\$33.75	\$33.28	\$0.00	\$54.01	\$1.69	\$11.83	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINDER HEALTH CARE & REHAB CTR Prvdr ID: 00142854A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.26% Nurse Hours per On-Site Day/Quality Incentive: 3.52		<u>Facility Score</u> 3.52	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4126 Quarterly Medicaid CMI: 1.9211 Qtrly Mcaid CMI w RUG Wght Options: 1.9588			<u>Facility Specific</u> 1.4126 1.9211 1.9588	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,547,221	\$4,109,196	\$0	\$1,037,149	\$893,672	\$0	\$1,105,363		\$401,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$313,394)	(\$17,611)	\$0	(\$791)	\$0	\$5,374	(\$246,193)		(\$54,173)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$175,294		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$54,173
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,463,294	\$4,091,585	\$0	\$1,036,358	\$893,672	\$5,374	\$859,170	\$175,294	\$347,668	\$54,173
8	Total Nursing Facility Days As Filed Days = 39,368	FY21 Audited C/R Days	39,368									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,368	FY21 GL-PL Ins Rpt Days								39,368		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$189.57	\$103.93	\$0.00	\$26.32	\$22.84	(with L&H)	\$21.82	\$4.45	\$8.83	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4126								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.20	\$73.57	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9588								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.74	\$144.11	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.32	\$4.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.13	\$150.40	\$0.00	\$26.54	\$23.25	\$0.00	\$39.29	\$4.45	\$12.82	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DADE HEALTH AND REHAB				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142865A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7828	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		46.67%	5.5%	Quarterly Medicaid CMI:			1.6253	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6572	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,707,714	\$2,126,507	\$0	\$321,927	\$405,828	\$0	\$558,642		\$294,810	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$89,779)	\$6,411	\$0	\$0	\$957	(\$5,067)	(\$84,418)		(\$7,662)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,492		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,789
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,739,216	\$2,132,918	\$0	\$321,927	\$406,785	(\$5,067)	\$474,224	\$110,492	\$287,148	\$10,789
8	Total Nursing Facility Days As Filed Days = 16,805	FY21 Audited C/R Days	16,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,805	FY21 GL-PL Ins Rpt Days								16,805		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.50	\$126.92	\$0.00	\$19.16	\$23.90	(with L&H)	\$28.22	\$6.57	\$17.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7828								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	\$17.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	9.90 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.58	\$71.19	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6572								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.37	\$117.98	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.49	\$6.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.66	\$10.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.03	\$128.54	\$0.00	\$19.38	\$24.31	\$0.00	\$45.69	\$6.57	\$9.90	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SAVANNAH BEACH HEALTH AND REHAB				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142876A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4441	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid CMI:			1.6111	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.65	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6430	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,891,420	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$376,869		\$420,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$99,623)	\$0	\$0	\$0	\$0	\$0	(\$47,254)		(\$52,369)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,639		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,887,805	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$329,615	\$43,639	\$368,416	\$52,369
8	Total Nursing Facility Days As Filed Days = 14,564	FY21 Audited C/R Days	14,564									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,564	FY21 GL-PL Ins Rpt Days								14,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$198.29	\$101.37	\$0.00	\$15.31	\$27.08	(with L&H)	\$22.63	\$3.00	\$25.30	\$3.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4441								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	11.65 (FRV)	\$3.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$70.19	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6430								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.59	\$115.32	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.97	\$6.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.56	\$122.19	\$0.00	\$15.53	\$27.49	\$0.00	\$40.10	\$3.00	\$11.65	\$3.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SEARS MANOR NURSING HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142898A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5524	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		21.95%	1.0%	Quarterly Medicaid CMI:			1.5030	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.52	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5285	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$808,806		\$346,427	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$138,929)	\$0	\$0	\$0	\$0	\$0	(\$86,191)		(\$52,738)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,191		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$722,615	\$86,191	\$293,689	\$52,738
8	Total Nursing Facility Days As Filed Days = 22,338	FY21 Audited C/R Days	22,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,338	FY21 GL-PL Ins Rpt Days								22,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$259.27	\$151.08	\$0.00	\$28.23	\$28.24	(with L&H)	\$32.35	\$3.86	\$13.15	\$2.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5524								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.32	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89 (FRV)	\$2.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.84	\$97.32	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5285								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.27	\$148.75	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.44	\$7.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.34	\$9.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$280.61	\$158.21	\$0.00	\$26.82	\$28.65	\$0.00	\$49.82	\$3.86	\$10.89	\$2.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SEMINOLE MANOR NURSING HOME				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142909A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.1176	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		18.18%	0.0%	Quarterly Medicaid CMI:			1.0356	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.0485	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,203,111	\$2,434,399	\$0	\$778,624	\$504,059	\$452,688	\$635,869		\$397,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$11,038		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,185,218	\$2,434,399	\$0	\$778,624	\$494,764	\$444,340	\$624,831	\$11,038	\$383,942	\$13,280
8	Total Nursing Facility Days As Filed Days = 20,968	FY21 Audited C/R Days	20,968									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,968	FY21 GL-PL Ins Rpt Days								20,968		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$116.10	\$0.00	\$37.13	\$44.79	(with L&H)	\$29.80	\$0.53	\$18.31	\$0.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.1176								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$103.88	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.37	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.0485								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.21	\$104.66	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.61	\$3.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.82	\$107.80	\$0.00	\$37.13	\$33.28	\$0.00	\$47.27	\$0.53	\$10.18	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: VISTA PARK HEALTH AND REHABILITATION Prvdr ID: 00142931A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.50% Nurse Hours per On-Site Day/Quality Incentive: 3.53		<u>Facility Score</u> N/A 37.50% 3.53	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5257 Quarterly Medicaid CMI: 1.3950 Qtrly Mcaid CMI w RUG Wght Options: 1.4173			<u>Facility Specific</u> 1.5257 1.3950 1.4173	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,461,083	\$4,268,351	\$0	\$849,637	\$827,728	(\$1,236)	\$1,197,098	\$174,720	\$1,083,818	\$60,967
8	Total Nursing Facility Days As Filed Days = 41,410	FY21 Audited C/R Days	41,410									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,410	FY21 GL-PL Ins Rpt Days								41,410		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5257								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49 (FRV)	\$1.47
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.13	\$67.56	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4173								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.32	\$95.75	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.81	\$7.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.13	\$103.46	\$0.00	\$20.74	\$20.37	\$0.00	\$46.38	\$4.22	\$21.49	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSS MEMORIAL HEALTH CARE CTR Prvdr ID: 00142942A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 34.88% Nurse Hours per On-Site Day/Quality Incentive: 3.35		<u>Facility Score</u> 3.35	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3827 Quarterly Medicaid CMI: 1.7040 Qtrly Mcaid CMI w RUG Wght Options: 1.7359			<u>Facility Specific</u> 1.3827 1.7040 1.7359	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,265,968	\$3,784,863	\$0	\$666,840	\$807,743	\$0	\$692,761		\$313,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,217,957	\$3,750,118	\$0	\$666,840	\$807,743	\$0	\$619,142	\$60,353	\$222,393	\$91,368
8	Total Nursing Facility Days As Filed Days = 24,946	FY21 Audited C/R Days	24,946									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,946	FY21 GL-PL Ins Rpt Days								24,946		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.25	\$150.33	\$0.00	\$26.73	\$32.38	(with L&H)	\$24.82	\$2.42	\$8.91	\$3.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3827								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$108.72	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69 (FRV)	\$3.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.52	\$99.82	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7359								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$173.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.98	\$173.28	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.33	\$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.20	\$5.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.48	\$9.53	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$304.46	\$182.81	\$0.00	\$26.80	\$32.79	\$0.00	\$42.29	\$2.42	\$13.69	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.52									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SHEPHERD HILLS Prvdr ID: 00142964A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4379	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		18.45%	0.0%	Quarterly Medicaid CMI:			1.4998	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.58	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5267	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,948,476	\$3,897,971	\$0	\$592,947	\$875,413	\$0	\$1,350,872		\$231,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$543,178)	(\$114,484)	\$0	\$0	\$0	\$534	(\$375,162)		(\$54,066)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$486,905		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,049
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,939,252	\$3,783,487	\$0	\$592,947	\$875,413	\$534	\$975,710	\$486,905	\$177,207	\$47,049
8	Total Nursing Facility Days As Filed Days = 34,759	FY21 Audited C/R Days	34,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,759	FY21 GL-PL Ins Rpt Days								34,759		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.64	\$108.85	\$0.00	\$17.06	\$25.20	(with L&H)	\$28.07	\$14.01	\$5.10	\$1.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4379								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.92	\$75.70	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5267								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.79	\$115.57	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.20	\$121.88	\$0.00	\$17.28	\$25.61	\$0.00	\$45.54	\$14.01	\$8.53	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6995	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		31.58%	2.5%	Quarterly Medicaid CMI:			1.4695	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4943	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,001,800	\$2,273,782	\$0	\$335,058	\$430,900	\$0	\$795,622		\$166,438	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)		(\$30,623)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$30,623
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,934,287	\$2,248,337	\$0	\$335,058	\$430,900	\$0	\$753,554	\$0	\$135,815	\$30,623
8	Total Nursing Facility Days As Filed Days = 26,865	FY21 Audited C/R Days	26,865									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,865	FY21 GL-PL Ins Rpt Days								26,865		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$146.45	\$83.69	\$0.00	\$12.47	\$16.04	(with L&H)	\$28.05	\$0.00	\$5.06	\$1.14
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6995								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.38	\$49.24	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4943								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.72	\$73.58	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.40	\$78.16	\$0.00	\$12.69	\$16.45	\$0.00	\$45.52	\$0.00	\$9.44	\$1.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SIGNATURE HEALTHCARE OF MARIETTA Prvdr ID: 00142986A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.44% Nurse Hours per On-Site Day/Quality Incentive: 3.60		<u>Facility Score</u> 3.60	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8996 Quarterly Medicaid CMI: 2.0644 Qtrly Mcaid CMI w RUG Wght Options: 2.1050			<u>Facility Specific</u> 1.8996 2.0644 2.1050	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$242,651		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,751,261	\$6,097,695	\$0	\$866,441	\$836,872	(\$2,588)	\$2,337,586	\$242,651	\$2,236,217	\$136,387
8	Total Nursing Facility Days As Filed Days = 43,226	FY21 Audited C/R Days	43,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,226	FY21 GL-PL Ins Rpt Days								43,226		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$294.99	\$141.07	\$0.00	\$20.04	\$19.30	(with L&H)	\$54.08	\$5.61	\$51.73	\$3.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8996								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.26	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30		\$36.91	\$5.61	14.96 (FRV)	\$3.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.24	\$74.26	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1050								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.30	\$156.32	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.56	\$1.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$280.81	\$163.10	\$0.00	\$20.26	\$19.71	\$0.00	\$54.01	\$5.61	\$14.96	\$3.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FAIRBURN				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142997A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6344	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		13.46%	0.0%	Quarterly Medicaid CMI:			1.5852	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.03	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6130	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,190,381	\$2,731,348	\$0	\$466,571	\$562,967	\$0	\$1,112,117		\$317,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$414,313)	(\$98,721)	\$0	\$0	\$0	\$0	(\$257,279)		(\$58,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,313
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,190,381	\$2,632,627	\$0	\$466,571	\$562,967	\$0	\$854,838	\$356,000	\$259,065	\$58,313
8	Total Nursing Facility Days As Filed Days = 20,659	FY21 Audited C/R Days	20,659									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,659	FY21 GL-PL Ins Rpt Days								20,659		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.23	\$127.43	\$0.00	\$22.58	\$27.25	(with L&H)	\$41.38	\$17.23	\$12.54	\$2.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6344								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.97	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25		\$36.91	\$17.23	14.08 (FRV)	\$2.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.84	\$77.97	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6130								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.64	\$125.77	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.29	\$6.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.55	\$6.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.19	\$132.59	\$0.00	\$22.80	\$27.66	\$0.00	\$54.01	\$17.23	\$14.08	\$2.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SMITH MEDICAL NURSING CARE CTR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143008A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			0.9485	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		45.16%	5.5%	Quarterly Medicaid CMI:			0.9587	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.71	0.0%	Qtrtly Mcaid CMI w RUG Wght Options:			0.9685	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$1,709,540	\$777,288	\$0	\$214,136	\$196,608	\$0	\$499,260		\$22,248	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$143,277)	\$0	\$0	\$0	\$0	(\$9,064)	(\$115,504)		(\$18,709)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$74,360		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,709
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$1,659,332	\$777,288	\$0	\$214,136	\$196,608	(\$9,064)	\$383,756	\$74,360	\$3,539	\$18,709
8	Total Nursing Facility Days As Filed Days = 14,616	FY21 Audited C/R Days	14,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,616	FY21 GL-PL Ins Rpt Days								14,616		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$113.53	\$53.18	\$0.00	\$14.65	\$12.83	(with L&H)	\$26.26	\$5.09	\$0.24	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		0.9485								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	\$0.24	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83		\$26.26	\$5.09	11.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$56.07	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9685								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$54.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.86	\$54.30	\$0.00	\$14.65	\$12.83	\$0.00	\$26.26	\$5.09	\$11.45	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.62	\$3.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$147.48	\$57.82	\$0.00	\$14.87	\$13.24	\$0.00	\$43.73	\$5.09	\$11.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOCIAL CIRCLE NSG & REHAB CTR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143041A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7064	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		25.58%	1.0%	Quarterly Medicaid CMI:			1.7467	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.58	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7798	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,108
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,769,301	\$2,716,405	\$0	\$371,838	\$395,600	\$4,311	\$766,837	\$6,640	\$481,562	\$26,108
8	Total Nursing Facility Days As Filed Days = 19,838	FY21 Audited C/R Days	19,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,838	FY21 GL-PL Ins Rpt Days								19,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$240.40	\$136.93	\$0.00	\$18.74	\$20.16	(with L&H)	\$38.65	\$0.33	\$24.27	\$1.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7064								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.24	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16		\$36.91	\$0.33	10.72 (FRV)	\$1.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.42	\$80.24	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7798								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.99	\$142.81	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.54	\$147.63	\$0.00	\$18.96	\$20.57	\$0.00	\$54.01	\$0.33	\$10.72	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.33									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRIFFIN				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143052A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5692	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		29.27%	1.0%	Quarterly Medicaid CMI:			1.4382	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.18	6.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4637	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,281,674	\$2,178,914	\$0	\$377,811	\$471,784	\$0	\$947,227		\$305,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$299,657		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$38,781
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,281,674	\$2,120,594	\$0	\$377,811	\$471,784	\$0	\$705,890	\$299,657	\$267,157	\$38,781
8	Total Nursing Facility Days As Filed Days = 17,315	FY21 Audited C/R Days	17,315									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,315	FY21 GL-PL Ins Rpt Days								17,315		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.29	\$122.47	\$0.00	\$21.82	\$27.25	(with L&H)	\$40.77	\$17.31	\$15.43	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5692								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.04	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.18	\$78.04	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4637								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.37	\$114.23	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.85	\$6.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.62	\$122.75	\$0.00	\$22.04	\$27.66	\$0.00	\$54.01	\$17.31	\$9.61	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SPARTA HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143063A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.2791	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	41.30%	2.5%	Quarterly Medicaid CMI:				1.4037	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.96	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.4247	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,462,080	\$1,695,629	\$0	\$348,853	\$385,889	\$0	\$628,924		\$402,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$139,575)	(\$34,687)	\$0	(\$438)	\$0	(\$395)	(\$82,597)		(\$21,458)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$85,088		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,429,051	\$1,660,942	\$0	\$348,415	\$385,889	(\$395)	\$546,327	\$85,088	\$381,327	\$21,458
8	Total Nursing Facility Days As Filed Days = 15,341	FY21 Audited C/R Days	15,357									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,341	FY21 GL-PL Ins Rpt Days								15,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.30	\$108.16	\$0.00	\$22.69	\$25.10	(with L&H)	\$35.58	\$5.54	\$24.83	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2791								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47 (FRV)	\$1.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.34	\$84.56	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4247								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.25	\$120.47	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.02	\$6.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.66	\$9.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.91	\$130.03	\$0.00	\$22.91	\$25.51	\$0.00	\$53.05	\$5.54	\$9.47	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FULTON CENTER FOR REHABILITATION LLC Prvdr ID: 00143074A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.51% Nurse Hours per On-Site Day/Quality Incentive: 3.54		<u>Facility Score</u> 3.54	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.9125 Quarterly Medicaid CMI: 2.0806 Qtrly Mcaid CMI w RUG Wght Options: 2.1219			<u>Facility Specific</u> 1.9125 2.0806 2.1219	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,179,162	\$3,288,881	\$0	\$584,888	\$686,376	\$0	\$1,413,983		\$1,205,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$296,070)	(\$53,771)	\$0	\$0	(\$3,397)	(\$5,582)	(\$136,996)		(\$96,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$183,642		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$95,064
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,161,798	\$3,235,110	\$0	\$584,888	\$682,979	(\$5,582)	\$1,276,987	\$183,642	\$1,108,710	\$95,064
8	Total Nursing Facility Days As Filed Days = 35,671	FY21 Audited C/R Days	35,671									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,671	FY21 GL-PL Ins Rpt Days								35,671		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.78	\$90.69	\$0.00	\$16.40	\$18.99	(with L&H)	\$35.80	\$5.15	\$31.08	\$2.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9125								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	\$31.08	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99		\$35.80	\$5.15	8.81 (FRV)	\$2.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.24	\$47.42	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1219								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.44	\$100.62	\$0.00	\$16.40	\$18.99	\$0.00	\$35.80	\$5.15	\$8.81	\$2.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.67	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.11	\$107.19	\$0.00	\$16.62	\$19.40	\$0.00	\$53.27	\$5.15	\$8.81	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143085A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7088	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		15.28%	0.0%	Quarterly Medicaid CMI:			2.1397	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.43	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			2.1818	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,032,690	\$3,608,089	\$0	\$675,571	\$541,888	\$0	\$1,275,549		\$931,593	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$160,041		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,154
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,027,390	\$3,602,789	\$0	\$675,571	\$541,888	\$0	\$1,115,508	\$160,041	\$839,439	\$92,154
8	Total Nursing Facility Days As Filed Days = 36,071	FY21 Audited C/R Days	36,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,071	FY21 GL-PL Ins Rpt Days								36,071		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.82	\$99.88	\$0.00	\$18.73	\$15.02	(with L&H)	\$30.93	\$4.44	\$23.27	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7088								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.87	\$58.45	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.1818								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.95	\$127.53	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.10	\$5.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.68	\$133.16	\$0.00	\$18.95	\$15.43	\$0.00	\$48.40	\$4.44	\$14.75	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SPRING VALLEY Prvdr ID: 00143096A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 36.11% Nurse Hours per On-Site Day/Quality Incentive: 3.24		<u>Facility Score</u> N/A 36.11% 3.24	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5252 Quarterly Medicaid CMI: 1.5144 Qtrly Mcaid CMI w RUG Wght Options: 1.5405			<u>Facility Specific</u> 1.5252 1.5144 1.5405	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,826,766	\$2,062,813	\$0	\$313,177	\$446,791	\$0	\$816,348		\$187,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$293,687)	(\$5,565)	\$0	\$0	(\$3,469)	(\$4,558)	(\$261,890)		(\$18,205)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,162		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,034
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,809,275	\$2,057,248	\$0	\$313,177	\$443,322	(\$4,558)	\$554,458	\$260,162	\$169,432	\$16,034
8	Total Nursing Facility Days As Filed Days = 17,382	FY21 Audited C/R Days	17,382									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,382	FY21 GL-PL Ins Rpt Days								17,382		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.16	\$118.36	\$0.00	\$18.02	\$25.24	(with L&H)	\$31.90	\$14.97	\$9.75	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5252								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	\$9.75	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24		\$31.90	\$14.97	10.27 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.92	\$77.60	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5405								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.86	\$119.54	\$0.00	\$18.02	\$25.24	\$0.00	\$31.90	\$14.97	\$10.27	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.26	\$127.84	\$0.00	\$18.24	\$25.65	\$0.00	\$49.37	\$14.97	\$10.27	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINTHROP HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143118A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5001	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid CMI:			1.5123	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.67	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5356	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,706,017	\$3,134,384	\$0	\$545,806	\$686,285	\$0	\$1,185,045		\$154,497	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$133,126)	(\$3,031)	\$0	(\$742)	\$0	(\$619)	(\$115,809)		(\$12,925)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,650		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,925
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,690,466	\$3,131,353	\$0	\$545,064	\$686,285	(\$619)	\$1,069,236	\$104,650	\$141,572	\$12,925
8	Total Nursing Facility Days As Filed Days = 25,977	FY21 Audited C/R Days	25,977									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,977	FY21 GL-PL Ins Rpt Days								25,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.06	\$120.54	\$0.00	\$20.98	\$26.40	(with L&H)	\$41.16	\$4.03	\$5.45	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5001								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.48	\$80.35	\$0.00	\$20.98	\$26.40		\$36.91	\$4.03	17.31 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.48	\$80.35	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5356								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.52	\$123.39	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$17.31	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.94	\$4.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.43	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.95	\$130.09	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$17.31	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SENIOR CARE CENTER - ST MARYS Prvdr ID: 00143129A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3150	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		24.39%	1.0%	Quarterly Medicaid CMI:			1.1731	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1875	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,269,926	\$3,046,378	\$0	\$668,551	\$737,249	\$0	\$1,588,944		\$228,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$183,561)	(\$10,332)	\$0	\$0	\$0	\$0	(\$161,358)		(\$11,871)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,358		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,259,594	\$3,036,046	\$0	\$668,551	\$737,249	\$0	\$1,427,586	\$161,358	\$216,933	\$11,871
8	Total Nursing Facility Days As Filed Days = 17,919	FY21 Audited C/R Days	17,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,919	FY21 GL-PL Ins Rpt Days								17,919		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$349.32	\$169.43	\$0.00	\$37.31	\$41.14	(with L&H)	\$79.67	\$9.00	\$12.11	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3150								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$128.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$128.84	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.97	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1875								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.69	\$118.54	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.85	\$4.75	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.54	\$123.29	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$9.00	\$11.48	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EAGLE HEALTH & REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143151A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5009	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.03%	1.0%	Quarterly Medicaid CMI:			1.3191	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3390	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,947,192	\$1,953,557	\$0	\$524,514	\$442,449	\$0	\$735,001		\$291,671	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)		(\$45,407)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$125,165		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,511
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,940,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511
8	Total Nursing Facility Days As Filed Days = 15,796	FY21 Audited C/R Days	15,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,796	FY21 GL-PL Ins Rpt Days								15,879		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.12	\$122.91	\$0.00	\$33.00	\$27.89	(with L&H)	\$38.06	\$7.88	\$15.51	\$2.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5009								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.89	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82 (FRV)	\$2.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.08	\$81.89	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3390								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.84	\$109.65	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.48	\$5.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$7.11	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.46	\$116.76	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ARROWHEAD HEALTH AND REHAB				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143162A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.9920	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	62.86%	5.5%	Quarterly Medicaid CMI:				2.1153	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				2.1563	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,779,080	\$2,416,403	\$0	\$517,015	\$775,149	\$0	\$1,862,587		\$1,207,926	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$58,758		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,567
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,772,264	\$2,409,814	\$0	\$517,015	\$775,149	\$0	\$1,803,602	\$58,758	\$1,136,359	\$71,567
8	Total Nursing Facility Days As Filed Days = 30,428	FY21 Audited C/R Days	30,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,428	FY21 GL-PL Ins Rpt Days								30,428		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.56	\$79.20	\$0.00	\$16.99	\$25.47	(with L&H)	\$59.27	\$1.93	\$37.35	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9920								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.07	\$39.76	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1563								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.04	\$85.73	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.72	\$4.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.59	\$93.55	\$0.00	\$17.21	\$25.88	\$0.00	\$54.01	\$1.93	\$10.66	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SUNRISE Prvdr ID: 00143173A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 7.50% Nurse Hours per On-Site Day/Quality Incentive: 3.80		<u>Facility Score</u> 3.80	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6500 Quarterly Medicaid CMI: 1.5746 Qtrly Mcaid CMI w RUG Wght Options: 1.6037			<u>Facility Specific</u> 1.6500 1.5746 1.6037	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,644		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,788
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,676,468	\$1,969,390	\$0	\$308,108	\$427,769	\$1,893	\$543,547	\$260,644	\$145,329	\$19,788
8	Total Nursing Facility Days As Filed Days = 15,338	FY21 Audited C/R Days	15,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,338	FY21 GL-PL Ins Rpt Days								15,338		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.70	\$128.40	\$0.00	\$20.09	\$28.01	(with L&H)	\$35.44	\$16.99	\$9.48	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6500								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.62	\$77.82	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6037								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.60	\$124.80	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.24	\$6.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.87	\$6.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.47	\$131.57	\$0.00	\$20.31	\$28.42	\$0.00	\$52.91	\$16.99	\$11.98	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MOUNTAIN VIEW HEALTH CARE Prvdr ID: 00143184A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.21% Nurse Hours per On-Site Day/Quality Incentive: 3.57		<u>Facility Score</u> 3.57	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4871 Quarterly Medicaid CMI: 1.4740 Qtrly Mcaid CMI w RUG Wght Options: 1.5017			<u>Facility Specific</u> 1.4871 1.4740 1.5017	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,042	\$2,739,274	\$0	\$481,156	\$684,376	\$0	\$859,997		\$304,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,923,798	\$2,699,662	\$0	\$481,156	\$684,376	\$905	\$759,388	\$0	\$269,410	\$28,901
8	Total Nursing Facility Days As Filed Days = 27,819	FY21 Audited C/R Days	27,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,819	FY21 GL-PL Ins Rpt Days								27,819		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$176.99	\$97.04	\$0.00	\$17.30	\$24.63	(with L&H)	\$27.30	\$0.00	\$9.68	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4871								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.63	\$65.25	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5017								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.37	\$97.99	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.39	\$103.91	\$0.00	\$17.52	\$25.04	\$0.00	\$44.77	\$0.00	\$8.11	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SWAINSBORO				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143195A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5672	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		15.71%	0.0%	Quarterly Medicaid CMI:			1.5445	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.95	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5727	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,975	\$2,492,102	\$0	\$414,424	\$672,430	\$0	\$1,095,953		\$239,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$475,996)	(\$76,170)	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$447,421		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,911,190	\$2,415,932	\$0	\$414,424	\$673,888	\$2,516	\$717,810	\$447,421	\$213,409	\$25,790
8	Total Nursing Facility Days As Filed Days = 20,111	FY21 Audited C/R Days	20,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,111	FY21 GL-PL Ins Rpt Days								20,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.20	\$120.13	\$0.00	\$20.61	\$33.63	(with L&H)	\$35.69	\$22.25	\$10.61	\$1.28
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5672								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.65	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28		\$35.69	\$22.25	10.80 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.56	\$76.65	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5727								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.46	\$120.55	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.03	\$6.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.71	\$127.11	\$0.00	\$20.83	\$33.28	\$0.00	\$53.16	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SYLVESTER				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143206A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4211	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		17.98%	0.0%	Quarterly Medicaid CMI:			1.3726	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.38	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3947	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,966,529	\$3,697,330	\$0	\$555,160	\$848,045	\$0	\$1,415,538		\$450,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$520,760)	(\$134,505)	\$0	(\$1,250)	\$731	\$619	(\$358,212)		(\$28,143)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$505,437		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,723
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,984,929	\$3,562,825	\$0	\$553,910	\$848,776	\$619	\$1,057,326	\$505,437	\$422,313	\$33,723
8	Total Nursing Facility Days As Filed Days = 30,648	FY21 Audited C/R Days	30,648									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,648	FY21 GL-PL Ins Rpt Days								30,648		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	(with L&H)	\$34.50	\$16.49	\$13.78	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.4211								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	\$13.78	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.49	\$81.80	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3947								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.78	\$114.09	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.11	\$120.32	\$0.00	\$18.29	\$28.12	\$0.00	\$51.97	\$16.49	\$10.82	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TATTNALL HEALTHCARE CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143228A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3401	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.30%	2.5%	Quarterly Medicaid CMI:			1.4682	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.78	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4947	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,234,914	\$2,466,599	\$0	\$372,220	\$402,280	\$0	\$673,974		\$319,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$97,277)	(\$525)	\$0	(\$2,212)	(\$556)	\$3,293	(\$73,845)		(\$23,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,114		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$23,432
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,220,183	\$2,466,074	\$0	\$370,008	\$401,724	\$3,293	\$600,129	\$59,114	\$296,409	\$23,432
8	Total Nursing Facility Days As Filed Days = 24,355	FY21 Audited C/R Days	24,355									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,355	FY21 GL-PL Ins Rpt Days								24,355		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.28	\$101.26	\$0.00	\$15.19	\$16.63	(with L&H)	\$24.64	\$2.43	\$12.17	\$0.96
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.3401								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.58	\$75.56	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4947								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.96	\$112.94	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.84	\$6.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.80	\$119.68	\$0.00	\$15.41	\$17.04	\$0.00	\$42.11	\$2.43	\$8.17	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THOMSON HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143261A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3818	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		45.71%	5.5%	Quarterly Medicaid CMI:			1.6492	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.86	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6793	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,056,508	\$3,963,200	\$0	\$665,449	\$834,286	\$0	\$908,708		\$684,865	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$253,680)	(\$100,065)	\$0	\$0	(\$10,761)	(\$798)	(\$97,574)		(\$44,482)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$134,037		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,941
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,978,806	\$3,863,135	\$0	\$665,449	\$823,525	(\$798)	\$811,134	\$134,037	\$640,383	\$41,941
8	Total Nursing Facility Days As Filed Days = 32,869	FY21 Audited C/R Days	32,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,869	FY21 GL-PL Ins Rpt Days								32,872		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.31	\$117.52	\$0.00	\$20.24	\$25.03	(with L&H)	\$24.68	\$4.08	\$19.48	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3818								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.05	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	\$19.48	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03		\$24.68	\$4.08	9.45 (FRV)	\$1.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.81	\$85.05	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6793								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.58	\$142.82	\$0.00	\$20.24	\$25.03	\$0.00	\$24.68	\$4.08	\$9.45	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.86	\$7.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.35	\$11.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.93	\$154.07	\$0.00	\$20.46	\$25.44	\$0.00	\$42.15	\$4.08	\$9.45	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: REHABILITATION CENTER OF SOUTH GEORGIA Prvdr ID: 00143283A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5954	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		16.04%	0.0%	Quarterly Medicaid CMI:			1.4939	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.16	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5185	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,040,869	\$5,127,617	\$0	\$966,768	\$1,101,490	\$0	\$1,219,327		\$625,667	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$279,565)	(\$120,615)	\$0	\$0	\$0	\$0	(\$90,726)		(\$68,224)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$150,941		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,224
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,980,469	\$5,007,002	\$0	\$966,768	\$1,101,490	\$0	\$1,128,601	\$150,941	\$557,443	\$68,224
8	Total Nursing Facility Days As Filed Days = 41,136	FY21 Audited C/R Days	41,136									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,136	FY21 GL-PL Ins Rpt Days								41,136		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.32	\$121.72	\$0.00	\$23.50	\$26.78	(with L&H)	\$27.44	\$3.67	\$13.55	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5954								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	9.79 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.14	\$76.30	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5185								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.70	\$115.86	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.79	\$5.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.12	\$122.18	\$0.00	\$23.72	\$27.19	\$0.00	\$44.91	\$3.67	\$9.79	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.02									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TIFTON HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143294A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7199	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.03%	1.0%	Quarterly Medicaid CMI:			1.8181	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8518	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,130,719	\$3,148,179	\$0	\$459,323	\$443,277	\$0	\$957,227		\$1,122,713	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$150,013	(\$22,002)	\$0	(\$2,356)	\$1,433	\$2,853	\$210,305		(\$40,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,501
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,495,633	\$3,126,177	\$0	\$456,967	\$444,710	\$2,853	\$1,167,532	\$174,400	\$1,082,493	\$40,501
8	Total Nursing Facility Days As Filed Days = 28,584	FY21 Audited C/R Days	28,584									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,584	FY21 GL-PL Ins Rpt Days								28,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.26	\$109.37	\$0.00	\$15.99	\$15.66	(with L&H)	\$40.85	\$6.10	\$37.87	\$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7199								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.59	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.43	\$63.59	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8518								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.60	\$117.76	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.57	\$123.00	\$0.00	\$16.21	\$16.07	\$0.00	\$54.01	\$6.10	\$10.76	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOCCOA Prvdr ID: 00143305A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4373	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		24.73%	1.0%	Quarterly Medicaid CMI:			1.4428	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.02	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4661	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,583,670	\$5,585,116	\$0	\$814,380	\$889,763	\$0	\$1,928,521		\$365,890	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$846,843)	(\$91,627)	\$0	\$0	\$0	\$893	(\$714,073)		(\$42,036)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$785,660		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,564,523	\$5,493,489	\$0	\$814,380	\$889,763	\$893	\$1,214,448	\$785,660	\$323,854	\$42,036
8	Total Nursing Facility Days As Filed Days = 44,956	FY21 Audited C/R Days	44,956									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,956	FY21 GL-PL Ins Rpt Days								44,956		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.76	\$122.20	\$0.00	\$18.12	\$19.81	(with L&H)	\$27.01	\$17.48	\$7.20	\$0.94
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4373								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04 (FRV)	\$0.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.42	\$85.02	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4661								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.05	\$124.65	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.23	\$6.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.11	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.16	\$132.66	\$0.00	\$18.34	\$20.22	\$0.00	\$44.48	\$17.48	\$7.04	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4589	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		26.98%	1.0%	Quarterly Medicaid CMI:			1.4582	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.13	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4832	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,648,798	\$2,960,550	\$0	\$568,096	\$599,886	\$0	\$901,243		\$619,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$165,354)	(\$2,944)	\$0	(\$721)	\$0	(\$768)	(\$119,021)		(\$41,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,108		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,635,452	\$2,957,606	\$0	\$567,375	\$599,886	(\$768)	\$782,222	\$110,108	\$577,123	\$41,900
8	Total Nursing Facility Days As Filed Days = 25,231	FY21 Audited C/R Days	25,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,231	FY21 GL-PL Ins Rpt Days								25,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.35	\$117.22	\$0.00	\$22.49	\$23.75	(with L&H)	\$31.00	\$4.36	\$22.87	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4589								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.95	\$80.35	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4832								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.78	\$119.18	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.96	\$5.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.78	\$7.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.56	\$126.86	\$0.00	\$22.71	\$24.16	\$0.00	\$48.47	\$4.36	\$15.34	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - PEAKE Prvdr ID: 00143327A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.10% Nurse Hours per On-Site Day/Quality Incentive: 2.92		<u>Facility Score</u> 2.92	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5984 Quarterly Medicaid CMI: 1.4311 Qtrly Mcaid CMI w RUG Wght Options: 1.4565			<u>Facility Specific</u> 1.5984 1.4311 1.4565	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,670,477	\$4,811,171	\$0	\$687,998	\$999,607	\$0	\$1,685,875		\$485,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$662,366)	(\$103,831)	\$0	\$0	\$6,718	\$6,550	(\$437,865)		(\$133,938)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$528,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$115,031
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,652,062	\$4,707,340	\$0	\$687,998	\$1,006,325	\$6,550	\$1,248,010	\$528,920	\$351,888	\$115,031
8	Total Nursing Facility Days As Filed Days = 34,126	FY21 Audited C/R Days	34,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,126	FY21 GL-PL Ins Rpt Days								34,126		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$253.53	\$137.94	\$0.00	\$20.16	\$29.68	(with L&H)	\$36.57	\$15.50	\$10.31	\$3.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5984								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	\$10.31	\$3.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50	16.02 (FRV)	\$3.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.60	\$86.30	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4565								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.00	\$125.70	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.29	\$6.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.06	\$8.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.06	\$133.78	\$0.00	\$20.38	\$30.09	\$0.00	\$53.92	\$15.50	\$16.02	\$3.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHATUGE REGIONAL NURSING HOME				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143338A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5886	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	34.25%	2.5%	Quarterly Medicaid CMI:				1.5817	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6096	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,061,735	\$4,456,500	\$0	\$1,385,333	\$423,452	\$838,365	\$1,597,623		\$360,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$140,726)	(\$34,634)	\$0	\$0	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,438		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	\$0	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10
8	Total Nursing Facility Days As Filed Days = 32,180	FY21 Audited C/R Days	32,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,180	FY21 GL-PL Ins Rpt Days								32,081		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$279.25	\$137.83	\$0.00	\$43.18	\$39.08	(with L&H)	\$46.75	\$1.17	\$11.24	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5886								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.13	\$86.76	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6096								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.02	\$139.65	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.49	\$3.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.31	\$8.21	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$285.33	\$147.86	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TREUTLEN COUNTY HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143349A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6904	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	48.89%	5.5%	Quarterly Medicaid CMI:				1.6994	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.04	7.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.7326	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,292,119	\$1,724,191	\$0	\$354,205	\$348,464	\$0	\$628,346		\$236,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$92,782)	(\$1,808)	\$0	(\$443)	\$0	(\$448)	(\$83,962)		(\$6,121)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,121
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,257,458	\$1,722,383	\$0	\$353,762	\$348,464	(\$448)	\$544,384	\$52,000	\$230,792	\$6,121
8	Total Nursing Facility Days As Filed Days = 15,502	FY21 Audited C/R Days	15,502									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,502	FY21 GL-PL Ins Rpt Days								15,502		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.13	\$111.11	\$0.00	\$22.82	\$22.45	(with L&H)	\$35.12	\$3.35	\$14.89	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6904								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.25	\$65.73	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7326								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.40	\$113.88	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.26	\$6.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.97	\$7.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.86	\$14.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.26	\$128.64	\$0.00	\$23.04	\$22.86	\$0.00	\$52.59	\$3.35	\$16.39	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BERRIEN NURSING CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143382A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6229	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	27.78%	1.0%	Quarterly Medicaid CMI:			1.5439	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.71	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5703	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,313,335	\$2,896,223	\$0	\$717,550	\$747,265	\$0	\$1,193,561		\$758,736	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,250
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250
8	Total Nursing Facility Days As Filed Days = 27,782	FY21 Audited C/R Days	27,782									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,782	FY21 GL-PL Ins Rpt Days								27,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$227.25	\$105.41	\$0.00	\$25.66	\$27.07	(with L&H)	\$34.55	\$7.25	\$25.65	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6229								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	14.13 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.27	\$64.95	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5703								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.31	\$101.99	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.00	\$105.58	\$0.00	\$25.88	\$27.48	\$0.00	\$52.02	\$7.25	\$14.13	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TWIN OAKS CONVALESCENT CENTER Prvdr ID: 00143393A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5890	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		36.07%	2.5%	Quarterly Medicaid CMI:			1.4457	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		4.06	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4713	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,681,019	\$3,112,240	\$0	\$693,589	\$436,299	\$470,421	\$1,453,649		\$514,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,017)	(\$144,378)	\$0	\$0	\$2,361	\$2,545	(\$26,875)		(\$54,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,954		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,583,033	\$2,967,862	\$0	\$693,589	\$438,660	\$472,966	\$1,426,774	\$103,954	\$460,151	\$19,077
8	Total Nursing Facility Days As Filed Days = 22,644	FY21 Audited C/R Days	23,297									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,644	FY21 GL-PL Ins Rpt Days								23,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.56	\$127.39	\$0.00	\$29.77	\$39.13	(with L&H)	\$61.24	\$4.46	\$19.75	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5890								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.17	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.38	\$80.17	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4713								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.16	\$117.95	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.34	\$7.02	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.50	\$124.97	\$0.00	\$29.99	\$33.28	\$0.00	\$54.01	\$4.46	\$18.97	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: UNION COUNTY NURSING HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143415A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2806	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		44.16%	2.5%	Quarterly Medicaid CMI:			1.5126	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.87	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5406	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,802,410	\$6,060,715	\$0	\$1,514,610	\$527,394	\$776,049	\$1,724,867		\$1,198,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$176,912)	\$3,426	\$0	\$0	(\$8,403)	(\$12,365)	(\$141,749)		(\$17,821)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$35,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,678,545	\$6,064,141	\$0	\$1,514,610	\$518,991	\$763,684	\$1,583,118	\$35,505	\$1,180,954	\$17,542
8	Total Nursing Facility Days As Filed Days = 44,627	FY21 Audited C/R Days	44,627									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,627	FY21 GL-PL Ins Rpt Days								44,627		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$261.69	\$135.89	\$0.00	\$33.94	\$28.74	(with L&H)	\$35.47	\$0.80	\$26.46	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2806								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$106.11	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.90	\$99.82	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5406								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.86	\$153.78	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.84	\$3.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.61	\$4.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.55	\$8.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$291.41	\$162.23	\$0.00	\$34.16	\$29.15	\$0.00	\$52.94	\$0.80	\$11.74	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: KENTWOOD NURSING FACILITY Prvdr ID: 00143426A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 15.22% Nurse Hours per On-Site Day/Quality Incentive: 4.95		<u>Facility Score</u> 4.95	<u>Add-on Percent</u> 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5514 Quarterly Medicaid CMI: 1.3359 Qtrly Mcaid CMI w RUG Wght Options: 1.3550			<u>Facility Specific</u> 1.5514 1.3359 1.3550	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,938,329	\$2,434,431	\$0	\$525,471	\$516,876	\$0	\$1,032,677		\$428,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,858		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$6,829
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,594,159	\$2,430,292	\$0	\$525,471	\$516,418	\$3,787	\$569,474	\$119,858	\$422,030	\$6,829
8	Total Nursing Facility Days As Filed Days = 21,098	FY21 Audited C/R Days	21,098									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,098	FY21 GL-PL Ins Rpt Days								21,098		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$217.75	\$115.19	\$0.00	\$24.91	\$24.66	(with L&H)	\$26.99	\$5.68	\$20.00	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5514								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.77	\$74.25	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	14.96 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.77	\$74.25	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3550								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.13	\$100.61	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$14.96	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.64	\$2.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.77	\$103.15	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$14.96	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHULIO HILLS HEALTH AND REHAB				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143437A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.9573	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	20.83%	1.0%	Quarterly Medicaid CMI:			1.7022	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	4.41	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7335	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvc Combined) Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 21,009 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,009 Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmnt to Routine Srvc Per Diem Standards (After Statewide CMA for Routine Srvc) Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = <u>0.00%</u> CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc) Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5		As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,955,022	\$5,005,296	\$0	\$594,249	\$697,474	\$0	\$992,190		\$665,813	\$0
6		FY21 C/R Audit Adjtmnts	(\$266,168)	\$1,104	\$0	\$0	\$340	\$280	(\$247,115)		(\$20,777)	
7		As Filed FY21 GL/PL Rpt As Filed FY21 C/R FY21 Audited C/R								\$158,028		\$20,796
8		FY21 Audited C/R Days	\$7,867,678	\$5,006,400	\$0	\$594,249	\$697,814	\$280	\$745,075	\$158,028	\$645,036	\$20,796
9		FY21 GL-PL Ins Rpt Days	19,592							19,592		
10		Ln 7 / Ln 8 Col a	\$401.57	\$255.53	\$0.00	\$30.33	\$35.63	(with L&H)	\$38.03	\$8.07	\$32.92	\$1.06
11		from 4 qtrs of FY21		1.9573								
12		Ln 9 / Ln 10		\$130.55								
13		RS = Ln 11, AllOthr = Ln 9		\$130.55	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06
14		per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
15		Lesser of Ln 12 or Ln 13	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50 (FRV)	\$1.06
16		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
17		Ln 14 + Ln 15	\$217.46	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
18		per Current Qtr End		1.7335								
19		Ln 16 x Ln 17		\$173.04								
20		RS = Ln 18, AllOthr = Ln 16	\$290.68	\$173.04	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
21		(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22		Ln 19 Col b x CPS Add-on	\$1.73	\$1.73								
23		Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
24		(Fixed Amount)	\$17.10						\$17.10			
25		Sum of Lns 20 thru 23	\$22.29	\$5.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$312.97	\$178.23	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$8.07	\$11.50	\$1.06
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$221.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WAYCROSS HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143459A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.4333	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	14.00%	0.0%	Quarterly Medicaid CMI:				1.5916	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.44	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6202	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,951,207	\$1,934,002	\$0	\$408,160	\$486,106	\$0	\$766,474		\$356,465	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)		(\$36,682)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,370		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,844
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,944,230	\$1,931,918	\$0	\$407,649	\$487,159	\$711	\$662,796	\$97,370	\$319,783	\$36,844
8	Total Nursing Facility Days As Filed Days = 17,858	FY21 Audited C/R Days	17,858									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,858	FY21 GL-PL Ins Rpt Days								17,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$220.86	\$108.18	\$0.00	\$22.83	\$27.32	(with L&H)	\$37.11	\$5.45	\$17.91	\$2.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4333								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.47	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45	\$17.91	\$2.06
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32		\$36.91	\$5.45	8.19 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.23	\$75.47	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6202								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.04	\$122.28	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.19	\$127.70	\$0.00	\$23.05	\$27.73	\$0.00	\$54.01	\$5.45	\$8.19	\$2.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WASHINGTON CO EXTENDED CARE FACILITY Prvdr ID: 00143481A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 29.79% Nurse Hours per On-Site Day/Quality Incentive: 4.34		<u>Facility Score</u> 29.79% 4.34	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2062 Quarterly Medicaid CMI: 1.2274 Qtrly Mcaid CMI w RUG Wght Options: 1.2476			<u>Facility Specific</u> 1.2062 1.2274 1.2476	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,426	\$2,142,773	\$0	\$648,565	\$143,432	\$195,873	\$866,448		\$100,335	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$51,581)	(\$9,947)	\$0	\$0	\$0	\$0	(\$37,791)		(\$3,843)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$37,791		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,843
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,087,479	\$2,132,826	\$0	\$648,565	\$143,432	\$195,873	\$828,657	\$37,791	\$96,492	\$3,843
8	Total Nursing Facility Days As Filed Days = 20,788	FY21 Audited C/R Days	20,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,788	FY21 GL-PL Ins Rpt Days								20,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.62	\$102.60	\$0.00	\$31.20	\$16.32	(with L&H)	\$39.86	\$1.82	\$4.64	\$0.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2062								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.06	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40 (FRV)	\$0.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.89	\$85.06	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2476								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.95	\$106.12	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.45	\$110.89	\$0.00	\$31.42	\$16.73	\$0.00	\$54.01	\$1.82	\$11.40	\$0.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.01									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY H&R-CONYERS, INC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143503A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5144	1.5740
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	2.5%	Quarterly Medicaid CMI:			1.9901	1.3765
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.79	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			2.0292	1.3996
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R - FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
Patient Days												
FY 2020 Cost Rpt												
Total Nursing Facility Days GL-PL Ins. Rpt												
FY 20 GL-PL Ins Rpt Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY MEDICAL CARE HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00143514A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6026	1.5740
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	24.2%	Quarterly Medicaid CMI:			2.0211	1.3765
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.56	4.0%	Qrtly Mcaid CMI w RUG Wght Options:			2.0604	1.3996
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R -FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
FY 2020 Cost Rpt												
FY 20 GL-PL Ins Rpt Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate			\$283.50	\$172.56		\$24.72	\$28.81		\$40.50	\$3.24	\$12.42	\$1.25
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$199.80									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: WESTBURY H&R-MCDONOUGH, INC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143525A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5324	1.5740
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		46.2%	5.5%	Quarterly Medicaid CMI:			1.9733	1.3765
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.86	3.0%	Qrtly Mcaid CMI w RUG Wght Options:			2.0114	1.3996
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R -FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
FY 2020 Cost Rpt												
FY 20 GL-PL Ins Rpt Days												
Patient Days												
Inflated NHC/ Patient Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 5.5% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Seaside, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00143536A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8137	1.5751
H/B ? : No				BIMS:		20.0%	1.0%	Quarterly Medicaid CMI:			1.6782	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 10/01/23				Nurse Hours per On-Site Day/Quality Incentive:		3.05	5.0%	Qrtly Mcaid CMI w RUG Wght Options:			1.7090	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Srvcs)												
Allowed @ 95% of Std												
Growth Allowance 0.0%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtl Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WILDWOOD HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143547A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5392	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		47.06%	5.5%	Quarterly Medicaid CMI:			1.5210	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.17	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5490	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,802,165	\$1,362,505	\$0	\$322,392	\$298,640	\$0	\$521,417		\$297,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$49,612)	(\$3,077)	\$0	\$0	\$0	\$0	(\$29,762)		(\$16,773)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$16,773
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,769,326	\$1,359,428	\$0	\$322,392	\$298,640	\$0	\$491,655	\$0	\$280,438	\$16,773
8	Total Nursing Facility Days As Filed Days = 12,658	FY21 Audited C/R Days	12,658									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,658	FY21 GL-PL Ins Rpt Days								12,658		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	(with L&H)	\$38.84	\$0.00	\$22.16	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5392								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.77	\$0.00	\$25.47	\$23.59		\$38.84	\$0.00	\$22.16	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.30	\$69.77	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5490								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.60	\$108.07	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.94	\$5.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.44	\$9.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.04	\$117.78	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTHCARE AND REHAB CENTER Prvdr ID: 00143558A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5929	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		17.57%	0.0%	Quarterly Medicaid CMI:			1.6012	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.73	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6289	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,864,165	\$2,775,003	\$0	\$482,067	\$517,882	\$0	\$1,024,212		\$1,065,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$384,186)	\$2,600	\$0	\$0	\$0	\$0	(\$358,280)		(\$28,506)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,011		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,506
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,557,496	\$2,777,603	\$0	\$482,067	\$517,882	\$0	\$665,932	\$49,011	\$1,036,495	\$28,506
8	Total Nursing Facility Days As Filed Days = 29,162	FY21 Audited C/R Days	29,162									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,162	FY21 GL-PL Ins Rpt Days								29,162		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$190.58	\$95.25	\$0.00	\$16.53	\$17.76	(with L&H)	\$22.84	\$1.68	\$35.54	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5929								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.51	\$59.80	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6289								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.12	\$97.41	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.58	\$2.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.70	\$99.89	\$0.00	\$16.75	\$18.17	\$0.00	\$40.31	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WASHINGTON Prvdr ID: 00143569A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 27.91% Nurse Hours per On-Site Day/Quality Incentive: 2.40		<u>Facility Score</u> 2.40	<u>Add-on Percent</u> 0.00% 1.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6049 Quarterly Medicaid CMI: 1.4438 Qtrly Mcaid CMI w RUG Wght Options: 1.4687			<u>Facility Specific</u> 1.6049 1.4438 1.4687	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,965,736	\$1,463,610	\$0	\$267,685	\$435,943	\$0	\$699,101		\$99,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,431)	(\$74,700)	\$0	\$0	\$0	\$1,409	(\$130,396)		(\$17,744)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,687		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,744
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,965,736	\$1,388,910	\$0	\$267,685	\$435,943	\$1,409	\$568,705	\$203,687	\$81,653	\$17,744
8	Total Nursing Facility Days As Filed Days = 11,957	FY21 Audited C/R Days	11,957									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,957	FY21 GL-PL Ins Rpt Days								11,957		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$248.03	\$116.16	\$0.00	\$22.39	\$36.58	(with L&H)	\$47.56	\$17.03	\$6.83	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6049								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$72.38	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.02	\$72.38	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4687								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.94	\$106.30	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.16	\$5.84	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.10	\$112.14	\$0.00	\$22.61	\$33.28	\$0.00	\$54.01	\$17.03	\$10.55	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WRIGHTSVILLE MANOR HEALTH AND REHAB Prvdr ID: 00143602A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.81% Nurse Hours per On-Site Day/Quality Incentive: 2.99		<u>Facility Score</u> 2.99	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6930 Quarterly Medicaid CMI: 1.8256 Qtrly Mcaid CMI w RUG Wght Options: 1.8621			<u>Facility Specific</u> 1.6930 1.8256 1.8621	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,846,261	\$3,099,207	\$0	\$600,360	\$566,289	\$0	\$935,677		\$644,728	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$70,355		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,592
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,849,667	\$3,109,911	\$0	\$601,658	\$567,430	(\$330)	\$870,892	\$70,355	\$604,159	\$25,592
8	Total Nursing Facility Days As Filed Days = 26,128	FY21 Audited C/R Days	26,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,128	FY21 GL-PL Ins Rpt Days								26,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.88	\$119.03	\$0.00	\$23.03	\$21.70	(with L&H)	\$33.33	\$2.69	\$23.12	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6930								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	\$23.12	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69	12.90 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.94	\$70.31	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8621								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.55	\$130.92	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.38	\$138.65	\$0.00	\$23.25	\$22.11	\$0.00	\$50.80	\$2.69	\$12.90	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HERITAGE INN OF BARNESVILLE HEALTH AND REHAB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143613A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4294	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		53.57%	5.5%	Quarterly Medicaid CMI:			1.3485	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.31	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3695	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,566,466	\$2,888,526	\$0	\$550,350	\$652,041	\$0	\$955,915		\$519,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$245,881)	(\$4,426)	\$0	(\$741)	(\$29,599)	(\$3,734)	(\$170,733)		(\$36,648)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$123,176		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,258
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,480,019	\$2,884,100	\$0	\$549,609	\$622,442	(\$3,734)	\$785,182	\$123,176	\$482,986	\$36,258
8	Total Nursing Facility Days As Filed Days = 25,935	FY21 Audited C/R Days	26,069									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,935	FY21 GL-PL Ins Rpt Days								26,069		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.20	\$110.63	\$0.00	\$21.08	\$23.73	(with L&H)	\$30.12	\$4.72	\$18.53	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4294								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$77.39	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3695								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.28	\$105.99	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.24	\$4.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.70	\$10.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.98	\$116.59	\$0.00	\$21.30	\$24.14	\$0.00	\$47.59	\$4.72	\$8.25	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TRADITIONS HEALTH AND REHABILITATION Prvdr ID: 00143701A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 39.82% Nurse Hours per On-Site Day/Quality Incentive: 3.28		<u>Facility Score</u> 3.28	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7336 Quarterly Medicaid CMI: 1.5395 Qtrly Mcaid CMI w RUG Wght Options: 1.5642			<u>Facility Specific</u> 1.7336 1.5395 1.5642	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,881,113	\$4,899,748	\$0	\$892,950	\$1,112,447	\$0	\$1,544,236		\$431,732	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$151,329
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,879,858	\$4,894,810	\$0	\$891,741	\$1,124,686	\$13,733	\$1,328,548	\$191,035	\$283,976	\$151,329
8	Total Nursing Facility Days As Filed Days = 40,357	FY21 Audited C/R Days	37,791									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,357	FY21 GL-PL Ins Rpt Days								37,791		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.97	\$129.52	\$0.00	\$23.60	\$30.12	(with L&H)	\$35.16	\$5.06	\$7.51	\$4.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7336								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.46	\$74.71	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5642								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.61	\$116.86	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.84	\$5.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.39	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.00	\$126.15	\$0.00	\$23.82	\$30.53	\$0.00	\$52.63	\$5.06	\$10.81	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LILBURN Prvdr ID: 00145527A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6672	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		34.88%	2.5%	Quarterly Medicaid CMI:			1.5822	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.89	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6102	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,050,025	\$4,338,422	\$0	\$739,502	\$967,374	\$0	\$1,727,817		\$276,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$731,802)	(\$110,637)	\$0	\$0	\$4,082	\$5,082	(\$559,188)		(\$71,141)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$660,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,050,846	\$4,227,785	\$0	\$739,502	\$971,456	\$5,082	\$1,168,629	\$660,869	\$205,769	\$71,754
8	Total Nursing Facility Days As Filed Days = 35,536	FY21 Audited C/R Days	35,536									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,536	FY21 GL-PL Ins Rpt Days								35,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$226.56	\$118.97	\$0.00	\$20.81	\$27.48	(with L&H)	\$32.89	\$18.60	\$5.79	\$2.02
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6672								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.71	\$71.36	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	8.55 (FRV)	\$2.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.71	\$71.36	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6102								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.25	\$114.90	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.25	\$9.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$252.50	\$124.05	\$0.00	\$21.03	\$27.89	\$0.00	\$50.36	\$18.60	\$8.55	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: QUINTON MEMORIAL HC & REHAB CENTER Prvdr ID: 00150279A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3956	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		22.95%	1.0%	Quarterly Medicaid CMI:			1.2071	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		5.59	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2239	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,150,782	\$3,905,772	\$0	\$783,256	\$694,682	\$0	\$1,450,121		\$316,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,173		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,193,579	\$3,908,896	\$0	\$783,821	\$692,518	(\$2,784)	\$1,421,099	\$61,173	\$317,009	\$11,847
8	Total Nursing Facility Days As Filed Days = 29,422	FY21 Audited C/R Days	29,422									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,422	FY21 GL-PL Ins Rpt Days								29,422		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.49	\$132.86	\$0.00	\$26.64	\$23.44	(with L&H)	\$48.30	\$2.08	\$10.77	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3956								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$95.20	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.44	\$95.20	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2239								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.76	\$116.52	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$4.03	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.44	\$120.55	\$0.00	\$26.78	\$23.85	\$0.00	\$54.01	\$2.08	\$19.77	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHRISTIAN CITY REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00158034A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5826	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		32.80%	2.5%	Quarterly Medicaid CMI:			1.4419	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.54	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4658	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,644,578	\$8,083,942	\$0	\$1,251,402	\$1,351,545	\$0	\$3,554,499		\$403,190	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$918,888)	(\$310,565)	\$0	\$0	\$5,723	\$7,453	(\$566,910)		(\$54,589)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$861,543		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,619,489	\$7,773,377	\$0	\$1,251,402	\$1,357,268	\$7,453	\$2,987,589	\$861,543	\$348,601	\$32,256
8	Total Nursing Facility Days As Filed Days = 60,954	FY21 Audited C/R Days	60,954									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,954	FY21 GL-PL Ins Rpt Days								60,954		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.84	\$127.53	\$0.00	\$20.53	\$22.39	(with L&H)	\$49.01	\$14.13	\$5.72	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5826								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.58	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.58	\$80.58	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4658								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.11	\$118.11	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.91	\$5.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.02	\$9.39	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.13	\$127.50	\$0.00	\$20.75	\$22.80	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - DECATUR Prvdr ID: 00159266A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4536	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		12.50%	0.0%	Quarterly Medicaid CMI:			1.9176	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9546	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,101,794	\$4,711,697	\$0	\$748,250	\$737,142	\$0	\$1,606,984		\$297,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,171		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$167,764
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,086,425	\$4,711,687	\$0	\$748,250	\$731,880	(\$5,666)	\$1,573,495	\$29,171	\$129,844	\$167,764
8	Total Nursing Facility Days As Filed Days = 35,395	FY21 Audited C/R Days	35,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,395	FY21 GL-PL Ins Rpt Days								35,395		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.47	\$133.12	\$0.00	\$21.14	\$20.52	(with L&H)	\$44.46	\$0.82	\$3.67	\$4.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4536								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.58	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62 (FRV)	\$4.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.33	\$91.58	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9546								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$179.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.75	\$179.00	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.37	\$5.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$297.38	\$184.90	\$0.00	\$21.36	\$20.93	\$0.00	\$54.01	\$0.82	\$10.62	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$210.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HART CARE CENTER Prvdr ID: 00167857A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 35.29% Nurse Hours per On-Site Day/Quality Incentive: 3.39		<u>Facility Score</u> 3.39	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5440 Quarterly Medicaid CMI: 1.5368 Qtrly Mcaid CMI w RUG Wght Options: 1.5639			<u>Facility Specific</u> 1.5440 1.5368 1.5639	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,879,156	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$605,838		\$70,670	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$109,586)	\$0	\$0	\$0	\$0	\$0	(\$65,640)		(\$43,946)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,236		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$43,946
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946
8	Total Nursing Facility Days	FY21 Audited C/R Days	25,482									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								25,482		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$191.42	\$118.66	\$0.00	\$23.72	\$22.55	(with L&H)	\$21.20	\$2.52	\$1.05	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67 (FRV)	\$1.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.23	\$76.85	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5639								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.57	\$120.19	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.81	\$127.33	\$0.00	\$23.94	\$22.96	\$0.00	\$38.67	\$2.52	\$7.67	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PARKSIDE POST ACUTE AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00169199A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6795	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		41.18%	2.5%	Quarterly Medicaid CMI:			1.6188	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.56	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6474	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$2,287,073		\$1,236,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$405,993)	\$0	\$0	\$0	\$0	\$0	(\$323,796)		(\$82,197)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$323,796		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$82,197
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$1,963,277	\$323,796	\$1,154,483	\$82,197
8	Total Nursing Facility Days As Filed Days = 55,184	FY21 Audited C/R Days	55,184									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,184	FY21 GL-PL Ins Rpt Days								55,184		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$242.75	\$133.61	\$0.00	\$20.68	\$24.60	(with L&H)	\$35.58	\$5.87	\$20.92	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6795								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.55	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.05	\$79.55	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6474								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.55	\$131.05	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.08	\$137.48	\$0.00	\$20.90	\$25.01	\$0.00	\$53.05	\$5.87	\$11.28	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WOODSTOCK NURSING & REHAB CTR Prvdr ID: 00171212A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 24.14% Nurse Hours per On-Site Day/Quality Incentive: 3.38		<u>Facility Score</u> 3.38	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7761 Quarterly Medicaid CMI: 1.5255 Qtrly Mcaid CMI w RUG Wght Options: 1.5509			<u>Facility Specific</u> 1.7761 1.5255 1.5509	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits 2 <i>Peer Group Standards: Percentile</i> 3 <i>Peer Group Standards: Multiplier</i> 4 <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,468		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,681
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,772,160	\$5,851,704	\$0	\$898,248	\$904,976	\$0	\$1,798,048	\$17,468	\$1,226,035	\$75,681
8	Total Nursing Facility Days As Filed Days = 47,934	FY21 Audited C/R Days	47,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,934	FY21 GL-PL Ins Rpt Days								47,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.73	\$122.08	\$0.00	\$18.74	\$18.88	(with L&H)	\$37.51	\$0.36	\$25.58	\$1.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7761								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.73	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63 (FRV)	\$1.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.83	\$68.73	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5509								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.69	\$106.59	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.22	\$111.39	\$0.00	\$18.96	\$19.29	\$0.00	\$54.01	\$0.36	\$9.63	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FAIRBURN HEALTH CARE CENTER Prvdr ID: 00173071A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7658	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		20.83%	1.0%	Quarterly Medicaid CMI:			1.7369	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.10	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7701	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,354,783	\$2,520,566	\$0	\$547,901	\$461,177	\$0	\$1,190,872		\$634,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	(\$341,148)		(\$55,734)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,477		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,076
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,624	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$849,724	\$244,477	\$578,533	\$148,076
8	Total Nursing Facility Days As Filed Days = 30,777	FY21 Audited C/R Days	30,777									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,777	FY21 GL-PL Ins Rpt Days								30,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$173.79	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$27.61	\$7.94	\$18.80	\$4.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7658								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.85	\$46.38	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7701								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.57	\$82.10	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.66	\$85.09	\$0.00	\$18.02	\$15.34	\$0.00	\$45.08	\$7.94	\$9.38	\$4.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.42									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00178307A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7499	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		23.94%	1.0%	Quarterly Medicaid CMI:			1.5313	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.97	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5583	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$642,229		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,825
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,537,237	\$4,671,460	\$0	\$589,769	\$862,442	(\$3,832)	\$1,117,432	\$642,229	\$600,912	\$56,825
8	Total Nursing Facility Days As Filed Days = 33,387	FY21 Audited C/R Days	33,387									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,387	FY21 GL-PL Ins Rpt Days								33,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$255.71	\$139.92	\$0.00	\$17.66	\$25.72	(with L&H)	\$33.47	\$19.24	\$18.00	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7499								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.75	\$79.96	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5583								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.39	\$124.60	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.98	\$4.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.25	\$131.36	\$0.00	\$17.88	\$26.13	\$0.00	\$50.94	\$19.24	\$9.00	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MARIETTA Prvdr ID: 00202507A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 40.70% Nurse Hours per On-Site Day/Quality Incentive: 2.85		<u>Facility Score</u> 2.85	<u>Add-on Percent</u> 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7096 Quarterly Medicaid CMI: 1.5864 Qtrly Mcaid CMI w RUG Wght Options: 1.6147			<u>Facility Specific</u> 1.7096 1.5864 1.6147	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,224,856	\$3,773,075	\$0	\$596,344	\$667,354	\$0	\$1,465,037		\$723,046	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$591,523)	(\$99,095)	\$0	\$0	(\$1,111)	\$301	(\$421,863)		(\$69,755)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$513,536		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$69,489
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,216,358	\$3,673,980	\$0	\$596,344	\$666,243	\$301	\$1,043,174	\$513,536	\$653,291	\$69,489
11	Total Nursing Facility Days As Filed Days = 31,600	FY21 Audited C/R Days	31,600									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,600	FY21 GL-PL Ins Rpt Days								31,600		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.36	\$116.27	\$0.00	\$18.87	\$21.09	(with L&H)	\$33.01	\$16.25	\$20.67	\$2.20
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7096								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.01								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91 (FRV)	\$2.20
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.34	\$68.01	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6147								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.82								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.15	\$109.82	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.49	\$5.49								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.87	\$8.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.02	\$118.59	\$0.00	\$19.09	\$21.50	\$0.00	\$50.48	\$16.25	\$13.91	\$2.20
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.69									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GORDON HEALTH AND REHABILITATION				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00202848A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5507	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		16.46%	0.0%	Quarterly Medicaid CMI:			1.4286	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.10	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4520	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,183,917	\$3,596,901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$243,042)	(\$3,936)	\$0	(\$963)	\$0	(\$733)	(\$196,420)		(\$40,990)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$121,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$40,990
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,103,545	\$3,592,965	\$0	\$648,043	\$692,896	(\$733)	\$1,059,170	\$121,680	\$948,534	\$40,990
8	Total Nursing Facility Days As Filed Days = 33,732	FY21 Audited C/R Days	33,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,732	FY21 GL-PL Ins Rpt Days								33,732		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$210.60	\$106.52	\$0.00	\$19.21	\$20.52	(with L&H)	\$31.40	\$3.61	\$28.12	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5507								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.40	\$68.69	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.40	\$68.69	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4520								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.45	\$99.74	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.99	\$4.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.07	\$105.26	\$0.00	\$19.43	\$20.93	\$0.00	\$48.87	\$3.61	\$11.75	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FLORENCE HAND HOME Prvdr ID: 00207083A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 25.29% Nurse Hours per On-Site Day/Quality Incentive: 4.40		<u>Facility Score</u> 4.40	<u>Add-on Percent</u> 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2637 Quarterly Medicaid CMI: 1.1840 Qtrly Mcaid CMI w RUG Wght Options: 1.1982			<u>Facility Specific</u> 1.2637 1.1840 1.1982	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130	\$1,375,807	\$7,155,680		\$1,472,420	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$72,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72,005	\$1,341,994	\$0
8	Total Nursing Facility Days As Filed Days = 34,165	FY21 Audited C/R Days	34,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,165	FY21 GL-PL Ins Rpt Days								34,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2637								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$119.15	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.67	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1982								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.45	\$119.60	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.89	\$4.79	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$267.34	\$124.39	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.11	\$16.42	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHATSWORTH HEALTH CARE CENTER Prvdr ID: 00209778A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 40.21% Nurse Hours per On-Site Day/Quality Incentive: 3.28		<u>Facility Score</u> 3.28	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.9327 Quarterly Medicaid CMI: 1.8550 Qtrly Mcaid CMI w RUG Wght Options: 1.8915			<u>Facility Specific</u> 1.9327 1.8550 1.8915	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	\$1,172,988		\$1,461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$449,704)	\$3,825	\$0	\$0	\$0	\$0	(\$416,676)		(\$36,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,862		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$202,529
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,855,194	\$2,987,045	\$0	\$672,611	\$567,575	\$0	\$756,312	\$244,862	\$1,424,260	\$202,529
8	Total Nursing Facility Days As Filed Days = 35,934	FY21 Audited C/R Days	35,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,934	FY21 GL-PL Ins Rpt Days								35,934		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9327								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69 (FRV)	\$5.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.71	\$43.01	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8915								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.05	\$81.35	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.03	\$2.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.15	\$86.35	\$0.00	\$18.94	\$16.20	\$0.00	\$38.52	\$6.81	\$9.69	\$5.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HIGH SHOALS HEALTH AND REHABILITATION Prvdr ID: 00212814A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 33.33% Nurse Hours per On-Site Day/Quality Incentive: 3.04		<u>Facility Score</u> 3.04	<u>Add-on Percent</u> 0.00% 2.5% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3913 Quarterly Medicaid CMI: 1.2711 Qtrly Mcaid CMI w RUG Wght Options: 1.2894			<u>Facility Specific</u> 1.3913 1.2711 1.2894	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,059,556	\$2,569,983	\$0	\$533,421	\$643,683	\$0	\$1,054,720		\$257,749	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$175,365)	(\$3,012)	\$0	(\$737)	\$0	(\$928)	(\$149,291)		(\$21,397)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,397
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,009,588	\$2,566,971	\$0	\$532,684	\$643,683	(\$928)	\$905,429	\$104,000	\$236,352	\$21,397
8	Total Nursing Facility Days As Filed Days = 25,818	FY21 Audited C/R Days	25,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,818	FY21 GL-PL Ins Rpt Days								25,818		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.04	\$99.43	\$0.00	\$20.63	\$24.90	(with L&H)	\$35.07	\$4.03	\$9.15	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3913								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	\$9.15	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90		\$35.07	\$4.03	16.75 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.68	\$71.47	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2894								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$92.15	\$0.00	\$20.63	\$24.90	\$0.00	\$35.07	\$4.03	\$16.75	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.53	\$5.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.46	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.82	\$100.51	\$0.00	\$20.85	\$25.31	\$0.00	\$52.54	\$4.03	\$16.75	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FORT OGLETHORPE				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00214695A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3979	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		36.05%	2.5%	Quarterly Medicaid CMI:			1.4698	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.64	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4949	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,639,864	\$3,623,547	\$0	\$627,318	\$714,152	\$0	\$1,355,404		\$319,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$521,515		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,271
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,633,051	\$3,558,826	\$0	\$627,318	\$714,152	\$1,082	\$897,528	\$521,515	\$281,359	\$31,271
8	Total Nursing Facility Days As Filed Days = 31,796	FY21 Audited C/R Days	31,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,796	FY21 GL-PL Ins Rpt Days								31,796		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$208.61	\$111.93	\$0.00	\$19.73	\$22.49	(with L&H)	\$28.23	\$16.40	\$8.85	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3979								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.20	\$80.07	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4949								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.83	\$119.70	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.99	\$5.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.61	\$9.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$244.44	\$129.21	\$0.00	\$19.95	\$22.90	\$0.00	\$45.70	\$16.40	\$9.30	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: UNIVERSITY EXTENDED CARE-WESTWOOD				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00219359A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5413	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		30.49%	2.5%	Quarterly Medicaid CMI:			1.6273	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.14	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6567	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,395,308	\$3,936,702	\$0	\$1,034,040	\$922,729	\$0	\$1,143,695		\$358,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$179,706		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,220
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,847,393	\$3,837,382	\$0	\$1,031,923	\$921,537	\$40,695	\$478,030	\$179,706	\$347,900	\$10,220
8	Total Nursing Facility Days As Filed Days = 36,264	FY21 Audited C/R Days	36,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,264	FY21 GL-PL Ins Rpt Days								36,264		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$188.82	\$105.82	\$0.00	\$28.46	\$26.53	(with L&H)	\$13.18	\$4.96	\$9.59	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5413								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.68	\$68.66	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.25 (FRV)	\$0.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.68	\$68.66	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6567								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.77	\$113.75	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.25	\$0.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.78	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.43	\$120.53	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.25	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COMER HEALTH AND REHABILITATION Prvdr ID: 00220448A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4773	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		38.33%	2.5%	Quarterly Medicaid CMI:			1.2058	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.08	7.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.2229	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,603,335	\$3,047,785	\$0	\$617,294	\$626,479	\$0	\$1,085,364		\$226,413	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,924
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,542,064	\$3,044,384	\$0	\$616,503	\$626,479	(\$589)	\$908,234	\$120,640	\$212,489	\$13,924
8	Total Nursing Facility Days As Filed Days = 27,704	FY21 Audited C/R Days	27,704									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,704	FY21 GL-PL Ins Rpt Days								27,704		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.03	\$109.89	\$0.00	\$22.25	\$22.59	(with L&H)	\$32.78	\$4.35	\$7.67	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4773								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.26	\$74.38	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2229								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.84	\$90.96	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.37	\$6.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.27	\$9.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.11	\$100.13	\$0.00	\$22.47	\$23.00	\$0.00	\$50.25	\$4.35	\$9.41	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENWOOD HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00220514A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5491	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid CMI:			1.6580	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.89	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6875	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,695,913	\$7,917,216	\$0	\$1,153,334	\$973,086	\$0	\$1,324,966		\$1,327,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$637,045	(\$29,748)	\$0	(\$1,488)	\$0	\$3,202	\$759,556		(\$94,477)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$25,508		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$94,477
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,452,943	\$7,887,468	\$0	\$1,151,846	\$973,086	\$3,202	\$2,084,522	\$25,508	\$1,232,834	\$94,477
8	Total Nursing Facility Days As Filed Days = 66,608	FY21 Audited C/R Days	66,608									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,608	FY21 GL-PL Ins Rpt Days								66,608		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.98	\$118.42	\$0.00	\$17.29	\$14.66	(with L&H)	\$31.30	\$0.38	\$18.51	\$1.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5491								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	7.51 (FRV)	\$1.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.00	\$76.44	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6875								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.55	\$128.99	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.72	\$7.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.27	\$136.61	\$0.00	\$17.51	\$15.07	\$0.00	\$48.77	\$0.38	\$7.51	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUNTAIN BLUE REHAB AND NURSING Prvdr ID: 00222582A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.31% Nurse Hours per On-Site Day/Quality Incentive: 3.03		<u>Facility Score</u> 3.03	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7353 Quarterly Medicaid CMI: 1.6941 Qtrly Mcaid CMI w RUG Wght Options: 1.7276			<u>Facility Specific</u> 1.7353 1.6941 1.7276	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,191,381	\$2,848,119	\$0	\$430,246	\$474,229	\$0	\$875,695		\$563,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$244,388)	(\$2,033)	\$0	\$0	\$0	\$1,328	(\$175,490)		(\$68,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$176,195		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,191,381	\$2,846,086	\$0	\$430,246	\$474,229	\$1,328	\$700,205	\$176,195	\$494,899	\$68,193
8	Total Nursing Facility Days As Filed Days = 26,747	FY21 Audited C/R Days	26,747									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,747	FY21 GL-PL Ins Rpt Days								26,747		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$194.10	\$106.41	\$0.00	\$16.09	\$17.78	(with L&H)	\$26.18	\$6.59	\$18.50	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7353								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	9.21 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.72	\$61.32	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7276								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.34	\$105.94	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.80	\$112.30	\$0.00	\$16.31	\$18.19	\$0.00	\$43.65	\$6.59	\$9.21	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EATONTON HEALTH AND REHABILITATION Prvdr ID: 00223473A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 16.00% Nurse Hours per On-Site Day/Quality Incentive: 3.23		<u>Facility Score</u> 3.23	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2738 Quarterly Medicaid CMI: 1.3073 Qtrly Mcaid CMI w RUG Wght Options: 1.3261			<u>Facility Specific</u> 1.2738 1.3073 1.3261	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,241,102	\$2,152,673	\$0	\$415,855	\$493,705	\$0	\$765,401		\$413,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,966
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,229,882	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$385,502	\$27,966
8	Total Nursing Facility Days As Filed Days = 21,448	FY21 Audited C/R Days	21,448									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,448	FY21 GL-PL Ins Rpt Days								21,448		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.20	\$100.25	\$0.00	\$19.36	\$22.99	(with L&H)	\$30.25	\$5.08	\$17.97	\$1.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2738								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	\$17.97	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$1.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.51	\$78.70	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3261								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.17	\$104.36	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.22	\$5.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.02	\$110.11	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHESTNUT RIDGE NSG & REHAB CTR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00228049A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7280	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		8.60%	0.0%	Quarterly Medicaid CMI:			1.5751	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.02	1.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6023	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,351,671	\$5,262,946	\$0	\$787,045	\$653,515	\$0	\$1,536,523		\$1,111,642	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$46,735)	(\$741)	\$0	(\$13,528)	\$0	\$14,269	(\$15,322)		(\$31,413)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$15,322		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,413
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15,322	\$1,080,229	\$31,413
8	Total Nursing Facility Days As Filed Days = 41,405	FY21 Audited C/R Days	41,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,405	FY21 GL-PL Ins Rpt Days								41,405		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7280								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79 (FRV)	\$0.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.02	\$73.55	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6023								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.32	\$117.85	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.18	\$1.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.57	\$1.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.89	\$119.56	\$0.00	\$18.90	\$16.54	\$0.00	\$53.97	\$0.37	\$8.79	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MANOR CARE REHABILITATION CENTER - MARIETTA Prvdr ID: 00236211A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Growth Allowance: N/A Qtrly BIMS score 9.09% Nurse Hours per On-Site Day/Quality Incentive: 3.73		N/A	0.00% 0.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.5440 1.8040 1.8375	1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$24,378		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,657
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,991,262	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$1,983,277	\$24,378	\$244,083	\$66,657
8	Total Nursing Facility Days As Filed Days = 31,838	FY21 Audited C/R Days	31,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,838	FY21 GL-PL Ins Rpt Days								31,838		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.41	\$162.35	\$0.00	\$26.12	\$21.12	(with L&H)	\$62.29	\$0.77	\$7.67	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5440								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$105.15	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.18	\$99.82	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8375								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$183.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$281.78	\$183.42	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.23	\$5.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$305.01	\$188.92	\$0.00	\$26.34	\$21.53	\$0.00	\$54.01	\$0.77	\$11.35	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SAVANNAH Prvdr ID: 00238323A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 45.57% Nurse Hours per On-Site Day/Quality Incentive: 3.28		<u>Facility Score</u> 3.28	<u>Add-on Percent</u> 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8215 Quarterly Medicaid CMI: 1.5756 Qtrly Mcaid CMI w RUG Wght Options: 1.6021			<u>Facility Specific</u> 1.6021	<u>State-wide</u> 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,281,417	\$4,947,476	\$0	\$594,312	\$910,695	\$0	\$1,853,808		\$975,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$626,544)	(\$67,288)	\$0	\$0	\$10,640	\$12,259	(\$465,159)		(\$116,996)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$523,002		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$119,697
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,297,572	\$4,880,188	\$0	\$594,312	\$921,335	\$12,259	\$1,388,649	\$523,002	\$858,130	\$119,697
8	Total Nursing Facility Days As Filed Days = 38,491	FY21 Audited C/R Days	38,491									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY21 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.55	\$126.79	\$0.00	\$15.44	\$24.25	(with L&H)	\$36.08	\$13.59	\$22.29	\$3.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8215								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15 (FRV)	\$3.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.23	\$69.61	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6021								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.14	\$111.52	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.13	\$6.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.58	\$5.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.34	\$12.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$263.48	\$123.76	\$0.00	\$15.66	\$24.66	\$0.00	\$53.55	\$13.59	\$29.15	\$3.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RESORTS AT POOLER INC Prvdr ID: 00238741A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.63% Nurse Hours per On-Site Day/Quality Incentive: 4.28		<u>Facility Score</u> 4.28	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5159 Quarterly Medicaid CMI: 1.7120 Qtrly Mcaid CMI w RUG Wght Options: 1.7456			<u>Facility Specific</u> 1.5159 1.7120 1.7456	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$192,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$64,039
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days								26,733		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5159								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$69.72	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7456								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.97	\$121.70	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.47	\$127.10	\$0.00	\$14.94	\$24.38	\$0.00	\$44.45	\$7.20	\$8.00	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WINDERMERE HEALTH AND REHABILITATION CENTER Prvdr ID: 00241678A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.14% Nurse Hours per On-Site Day/Quality Incentive: 3.47		<u>Facility Score</u> 3.47	<u>Add-on Percent</u> 1.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6170 Quarterly Medicaid CMI: 1.7561 Qtrly Mcaid CMI w RUG Wght Options: 1.7891			<u>Facility Specific</u> 1.6170 1.7561 1.7891	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,304,784	\$3,694,551	\$0	\$590,810	\$518,891	\$0	\$1,641,856		\$1,858,676	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$551,721)	(\$144,488)	\$0	(\$5,975)	(\$3,978)	\$5,036	(\$351,398)		(\$50,918)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,572		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,483
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,036,118	\$3,550,063	\$0	\$584,835	\$514,913	\$5,036	\$1,290,458	\$221,572	\$1,807,758	\$61,483
8	Total Nursing Facility Days As Filed Days = 28,524	FY21 Audited C/R Days	28,524									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,524	FY21 GL-PL Ins Rpt Days								28,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$281.74	\$124.46	\$0.00	\$20.50	\$18.23	(with L&H)	\$45.24	\$7.77	\$63.38	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6170								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.97	\$0.00	\$20.50	\$18.23		\$45.24	\$7.77	\$63.38	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23		\$36.91	\$7.77	10.70 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.24	\$76.97	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7891								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.98	\$137.71	\$0.00	\$20.50	\$18.23	\$0.00	\$36.91	\$7.77	\$10.70	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.08	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.06	\$143.06	\$0.00	\$20.72	\$18.64	\$0.00	\$54.01	\$7.77	\$10.70	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUGUSTA HILLS Prvdr ID: 00245055A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5897	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		28.77%	1.0%	Quarterly Medicaid CMI:			1.5871	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.13	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6155	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,210,798	\$3,131,302	\$0	\$559,223	\$776,800	\$0	\$1,341,738		\$401,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$607,851)	(\$108,119)	\$0	\$0	\$0	\$383	(\$442,308)		(\$57,807)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$547,187		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,690
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,197,824	\$3,023,183	\$0	\$559,223	\$776,800	\$383	\$899,430	\$547,187	\$343,928	\$47,690
8	Total Nursing Facility Days As Filed Days = 28,019	FY21 Audited C/R Days	28,019									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,019	FY21 GL-PL Ins Rpt Days								28,019		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5897								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.41	\$67.88	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6155								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.19	\$109.66	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.31	\$115.68	\$0.00	\$20.18	\$28.15	\$0.00	\$49.57	\$19.53	\$8.50	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MAGNOLIA MANOR Prvdr ID: 00252007A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 8.20% Nurse Hours per On-Site Day/Quality Incentive: 3.55		<u>Facility Score</u> 3.55	<u>Add-on Percent</u> 0.00% 0.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6783 Quarterly Medicaid CMI: 1.5517 Qtrly Mcaid CMI w RUG Wght Options: 1.5803			<u>Facility Specific</u> 1.6783 1.5517 1.5803	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,613,079	\$3,167,474	\$0	\$448,042	\$948,885	\$0	\$1,372,740		\$675,938	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$542,583)	(\$89,719)	\$0	\$0	\$0	\$2,343	(\$342,891)		(\$112,316)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$423,022		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,316
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,605,834	\$3,077,755	\$0	\$448,042	\$948,885	\$2,343	\$1,029,849	\$423,022	\$563,622	\$112,316
11	Total Nursing Facility Days As Filed Days = 26,707	FY21 Audited C/R Days	26,707									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,707	FY21 GL-PL Ins Rpt Days								26,707		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$247.35	\$115.24	\$0.00	\$16.78	\$35.62	(with L&H)	\$38.56	\$15.84	\$21.10	\$4.21
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6783								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.66								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.66	\$0.00	\$16.78	\$35.62		\$38.56	\$15.84	\$21.10	\$4.21
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28		\$36.91	\$15.84	27.55 (FRV)	\$4.21
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.23	\$68.66	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5803								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.50								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.07	\$108.50	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
25	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.34	\$4.34								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.87	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$265.26	\$113.37	\$0.00	\$17.00	\$33.28	\$0.00	\$54.01	\$15.84	\$27.55	\$4.21
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - DECATUR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00252942A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5018	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		29.13%	1.0%	Quarterly Medicaid CMI:			1.4706	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.39	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4959	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,408,103	\$5,758,589	\$0	\$857,375	\$1,058,815	\$0	\$2,031,659		\$701,665	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$722,196)	(\$89,521)	\$0	\$0	(\$5,104)	(\$2,740)	(\$557,838)		(\$66,993)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$634,296		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$66,376
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857,375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376
8	Total Nursing Facility Days As Filed Days = 46,345	FY21 Audited C/R Days	46,345									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,345	FY21 GL-PL Ins Rpt Days								46,345		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.11	\$122.32	\$0.00	\$18.50	\$22.68	(with L&H)	\$31.80	\$13.69	\$13.69	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5018								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.28	\$81.45	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4959								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.67	\$121.84	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.09	\$6.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.61	\$129.68	\$0.00	\$18.72	\$23.09	\$0.00	\$49.27	\$13.69	\$14.73	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAFAYETTE Prvdr ID: 00254394A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 21.92% Nurse Hours per On-Site Day/Quality Incentive: 2.70		<u>Facility Score</u> N/A 21.92% 2.70	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4247 Quarterly Medicaid CMI: 1.6335 Qtrly Mcaid CMI w RUG Wght Options: 1.6630			<u>Facility Specific</u> 1.4247 1.6335 1.6630	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,304,528	\$2,720,017	\$0	\$415,037	\$639,098	\$0	\$1,168,314		\$362,062	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$472,545)	(\$72,883)	\$0	\$0	(\$3,224)	(\$4,281)	(\$367,170)		(\$24,987)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$434,816		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,180
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,292,979	\$2,647,134	\$0	\$415,037	\$635,874	(\$4,281)	\$801,144	\$434,816	\$337,075	\$26,180
8	Total Nursing Facility Days As Filed Days = 26,283	FY21 Audited C/R Days	26,283									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,283	FY21 GL-PL Ins Rpt Days								26,283		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.38	\$100.72	\$0.00	\$15.79	\$24.03	(with L&H)	\$30.48	\$16.54	\$12.82	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4247								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	\$12.82	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03		\$30.48	\$16.54	9.08 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.62	\$70.70	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6630								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.49	\$117.57	\$0.00	\$15.79	\$24.03	\$0.00	\$30.48	\$16.54	\$9.08	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$5.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.69	\$7.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.18	\$125.16	\$0.00	\$16.01	\$24.44	\$0.00	\$47.95	\$16.54	\$9.08	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WEST ATLANTA Prvdr ID: 00256088A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.81% Nurse Hours per On-Site Day/Quality Incentive: 3.71		<u>Facility Score</u> 3.71	<u>Add-on Percent</u> 0.00% 1.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5051 Quarterly Medicaid CMI: 1.5551 Qtrly Mcaid CMI w RUG Wght Options: 1.5830			<u>Facility Specific</u> 1.5051 1.5551 1.5830	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,083,206	\$4,014,888	\$0	\$461,505	\$895,097	\$0	\$1,454,029		\$257,687	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$647,432)	(\$188,367)	\$0	\$0	(\$1,292)	(\$509)	(\$378,907)		(\$78,357)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$522,301		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$78,073
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,036,148	\$3,826,521	\$0	\$461,505	\$893,805	(\$509)	\$1,075,122	\$522,301	\$179,330	\$78,073
11	Total Nursing Facility Days	FY21 Audited C/R Days	30,633									
12	Total Nursing Facility Days GL-PL Ins. Rpt	FY21 GL-PL Ins Rpt Days								30,633		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.69	\$124.91	\$0.00	\$15.07	\$29.16	(with L&H)	\$35.10	\$17.05	\$5.85	\$2.55
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5051								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.99								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.51	\$82.99	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5830								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.37								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.89	\$131.37	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.57	\$6.57								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.51	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.40	\$139.78	\$0.00	\$15.29	\$29.57	\$0.00	\$52.57	\$17.05	\$11.59	\$2.55
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BAINBRIDGE HEALTH AND REHAB Prvdr ID: 00258915A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 18.18% Nurse Hours per On-Site Day/Quality Incentive: 2.77		<u>Facility Score</u> 2.77	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.9312 Quarterly Medicaid CMI: 2.0580 Qtrly Mcaid CMI w RUG Wght Options: 2.0976			<u>Facility Specific</u> 1.9312 2.0580 2.0976	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,473,601	\$2,061,357	\$0	\$469,989	\$479,279	\$0	\$1,491,645		\$971,331	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,797)	\$21,177	\$0	\$0	\$0	\$0	(\$59,499)		(\$29,475)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,010		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,475
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,464,289	\$2,082,534	\$0	\$469,989	\$479,279	\$0	\$1,432,146	\$29,010	\$941,856	\$29,475
8	Total Nursing Facility Days As Filed Days = 27,042	FY21 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,042	FY21 GL-PL Ins Rpt Days								27,042		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$202.06	\$77.01	\$0.00	\$17.38	\$17.72	(with L&H)	\$52.96	\$1.07	\$34.83	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.9312								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$39.88	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.97	\$39.88	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0976								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.74	\$83.65	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.77	\$3.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.51	\$86.69	\$0.00	\$17.60	\$18.13	\$0.00	\$54.01	\$1.07	\$8.92	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - COVINGTON Prvdr ID: 00265196A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 21.82% Nurse Hours per On-Site Day/Quality Incentive: 3.22		<u>Facility Score</u> 3.22	<u>Add-on Percent</u> 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6035 Quarterly Medicaid CMI: 1.5939 Qtrly Mcaid CMI w RUG Wght Options: 1.6229			<u>Facility Specific</u> 1.6035 1.5939 1.6229	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,912,617	\$2,635,846	\$0	\$346,846	\$546,352	\$0	\$971,836		\$411,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$319,351)	(\$108,314)	\$0	\$0	\$0	\$185	(\$177,137)		(\$34,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$284,431		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,824
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824
8	Total Nursing Facility Days As Filed Days = 22,406	FY21 Audited C/R Days	22,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,406	FY21 GL-PL Ins Rpt Days								22,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.02	\$112.81	\$0.00	\$15.48	\$24.39	(with L&H)	\$35.47	\$12.69	\$16.85	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6035								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.34	\$70.35	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6229								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.16	\$114.17	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.85	\$6.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.78	\$122.69	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.81% Nurse Hours per On-Site Day/Quality Incentive: 3.11		<u>Facility Score</u> 3.11	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6078 Quarterly Medicaid CMI: 1.5465 Qtrly Mcaid CMI w RUG Wght Options: 1.5758			<u>Facility Specific</u> 1.6078 1.5465 1.5758	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,276
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,161,665	\$2,958,417	\$0	\$515,109	\$598,628	\$0	\$869,363	\$0	\$1,174,872	\$45,276
11	Total Nursing Facility Days As Filed Days = 26,582	FY21 Audited C/R Days	26,582									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,582	FY21 GL-PL Ins Rpt Days								26,582		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$231.79	\$111.29	\$0.00	\$19.38	\$22.52	(with L&H)	\$32.70	\$0.00	\$44.20	\$1.70
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6078								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.22								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.12	\$69.22	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5758								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.08								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.98	\$109.08	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.97	\$113.97	\$0.00	\$19.60	\$22.93	\$0.00	\$50.17	\$0.00	\$10.60	\$1.70
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LUMBER CITY NURSING & REHABILITATION CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00270256A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7056	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid CMI:			1.5433	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.84	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5731	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,483	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$640,127		\$1,006,484	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,481
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,482,701	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$571,786	\$55,559	\$982,003	\$24,481
8	Total Nursing Facility Days As Filed Days = 21,134	FY21 Audited C/R Days	21,134									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,134	FY21 GL-PL Ins Rpt Days								21,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$212.12	\$99.59	\$0.00	\$16.14	\$19.07	(with L&H)	\$27.06	\$2.63	\$46.47	\$1.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7056								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	9.96 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.41	\$58.39	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5731								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.87	\$91.85	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.77	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.64	\$96.52	\$0.00	\$16.36	\$19.48	\$0.00	\$44.53	\$2.63	\$9.96	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WILLOWWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00271829A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 22.78% Nurse Hours per On-Site Day/Quality Incentive: 3.05		<u>Facility Score</u> 3.05	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8038 Quarterly Medicaid CMI: 1.8895 Qtrly Mcaid CMI w RUG Wght Options: 1.9266			<u>Facility Specific</u> 1.8038 1.8895 1.9266	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,229,778	\$2,612,599	\$0	\$547,841	\$426,159	\$0	\$977,519		\$665,660	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$248,424)	\$0	\$0	\$0	(\$851)	(\$801)	(\$210,772)		(\$36,000)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$210,772		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,227,987	\$2,612,599	\$0	\$547,841	\$425,308	(\$801)	\$766,747	\$210,772	\$629,660	\$35,861
8	Total Nursing Facility Days As Filed Days = 28,538	FY21 Audited C/R Days	28,538									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,538	FY21 GL-PL Ins Rpt Days								28,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$183.21	\$91.55	\$0.00	\$19.20	\$14.88	(with L&H)	\$26.87	\$7.39	\$22.06	\$1.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8038								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63 (FRV)	\$1.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.98	\$50.75	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9266								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.00	\$97.77	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.54	\$4.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.54	\$102.21	\$0.00	\$19.42	\$15.29	\$0.00	\$44.34	\$7.39	\$8.63	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CRESTVIEW HEALTH & REHAB CTR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00273567A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3901	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		32.64%	2.5%	Quarterly Medicaid CMI:			1.3385	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		1.72	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3597	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$25,073,162	\$13,127,953	\$0	\$2,750,383	\$2,165,295	\$1,101,918	\$4,174,714		\$1,752,899	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)		(\$173,637)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$3,588
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,885,991	\$13,127,953	\$0	\$2,750,383	\$2,177,010	\$1,107,879	\$4,039,916	\$100,000	\$1,579,262	\$3,588
8	Total Nursing Facility Days As Filed Days = 106,099	FY21 Audited C/R Days	106,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 106,099	FY21 GL-PL Ins Rpt Days								106,099		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$234.54	\$123.73	\$0.00	\$25.92	\$30.96	(with L&H)	\$38.08	\$0.94	\$14.88	\$0.03
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.3901								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.01								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.01	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65 (FRV)	\$0.03
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.42	\$89.01	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3597								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.44	\$121.03	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.03	\$3.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.61	\$5.98	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.05	\$127.01	\$0.00	\$26.14	\$31.37	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CRISP REGIONAL NSG & REHAB CTR				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00274128A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8356	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		29.79%	1.0%	Quarterly Medicaid CMI:			1.6955	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		7.48	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7271	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,965,708	\$3,214,189	\$0	\$568,532	\$254,086	\$364,358	\$1,183,820		\$380,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,180)	\$192,250	\$0	\$0	(\$523)	(\$51,127)	(\$212,005)		(\$12,775)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,965,697	\$3,406,439	\$0	\$568,532	\$253,563	\$313,231	\$971,815	\$71,384	\$367,948	\$12,785
8	Total Nursing Facility Days As Filed Days = 19,654	FY21 Audited C/R Days	19,654									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,654	FY21 GL-PL Ins Rpt Days								19,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$303.54	\$173.32	\$0.00	\$28.93	\$28.84	(with L&H)	\$49.45	\$3.63	\$18.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8356								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.42	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.24	\$94.42	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	12.86 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.24	\$94.42	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7271								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$163.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.89	\$163.07	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.78	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$299.67	\$170.12	\$0.00	\$29.15	\$29.25	\$0.00	\$54.01	\$3.63	\$12.86	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THOMASVILLE HEALTH & REHAB, LLC Prvdr ID: 00277604A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 41.38% Nurse Hours per On-Site Day/Quality Incentive: 3.40		<u>Facility Score</u> 3.40	<u>Add-on Percent</u> 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6481 Quarterly Medicaid CMI: 1.6722 Qtrly Mcaid CMI w RUG Wght Options: 1.7057			<u>Facility Specific</u> 1.6481 1.6722 1.7057	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,863,334	\$1,312,669	\$0	\$319,275	\$285,297	\$0	\$547,400		\$398,693	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$52,525)	(\$4,942)	\$0	\$0	\$0	\$0	(\$29,869)		(\$17,714)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,714
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,828,523	\$1,307,727	\$0	\$319,275	\$285,297	\$0	\$517,531	\$0	\$380,979	\$17,714
8	Total Nursing Facility Days As Filed Days = 13,719	FY21 Audited C/R Days	13,719									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,719	FY21 GL-PL Ins Rpt Days								13,719		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$206.17	\$95.32	\$0.00	\$23.27	\$20.80	(with L&H)	\$37.72	\$0.00	\$27.77	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6481								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$23.27	\$20.80		\$37.72	\$0.00	\$27.77	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80		\$36.91	\$0.00	10.55 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.66	\$57.84	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7057								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.48	\$98.66	\$0.00	\$23.27	\$20.80	\$0.00	\$36.91	\$0.00	\$10.55	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.69	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.17	\$104.62	\$0.00	\$23.49	\$21.21	\$0.00	\$54.01	\$0.00	\$10.55	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DELMAR GARDENS OF SMYRNA				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00296271A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5215	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		24.00%	1.0%	Quarterly Medicaid CMI:			1.3328	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3525	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,583,660	\$4,172,188	\$0	\$858,148	\$899,316	\$0	\$1,244,503		\$409,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$171,981)	(\$68,055)	\$0	\$0	\$1,593	\$8,574	(\$44,122)		(\$69,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$83,100		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$70,215
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,564,994	\$4,104,133	\$0	\$858,148	\$900,909	\$8,574	\$1,200,381	\$83,100	\$339,534	\$70,215
8	Total Nursing Facility Days As Filed Days = 32,894	FY21 Audited C/R Days	32,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,894	FY21 GL-PL Ins Rpt Days								32,894		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$229.98	\$124.77	\$0.00	\$26.09	\$27.65	(with L&H)	\$36.49	\$2.53	\$10.32	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5215								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.28	\$82.01	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3525								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.19	\$110.92	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.20	\$115.89	\$0.00	\$26.31	\$28.06	\$0.00	\$53.90	\$2.53	\$12.38	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: NHC HEALTHCARE FT OGLETHORPE Prvdr ID: 00344759A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 25.53% Nurse Hours per On-Site Day/Quality Incentive: 3.65		<u>Facility Score</u> 3.65	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2825 Quarterly Medicaid CMI: 1.4536 Qtrly Mcaid CMI w RUG Wght Options: 1.4768			<u>Facility Specific</u> 1.2825 1.4536 1.4768	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,635,829	\$4,941,021	\$0	\$880,223	\$874,293	\$0	\$1,567,555		\$372,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)		(\$64,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$209,600		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,736
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,605,367	\$4,917,630	\$0	\$880,223	\$871,132	(\$3,426)	\$1,357,955	\$209,600	\$308,517	\$63,736
8	Total Nursing Facility Days As Filed Days = 42,758	FY21 Audited C/R Days	42,758									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,758	FY21 GL-PL Ins Rpt Days								42,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.26	\$115.01	\$0.00	\$20.59	\$20.29	(with L&H)	\$31.76	\$4.90	\$7.22	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2825								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	12.51 (FRV)	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.22	\$89.68	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4768								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.98	\$132.44	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.92	\$5.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.90	\$138.26	\$0.00	\$20.81	\$20.70	\$0.00	\$49.23	\$4.90	\$12.51	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRESBYTERIAN VILLAGE				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00362832A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7786	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		45.16%	5.5%	Quarterly Medicaid CMI:			1.7544	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7883	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,691,375	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,975,109		\$644,447	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$164,404)	\$0	\$0	\$0	\$0	\$0	(\$144,638)		(\$19,766)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$129,346		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,766
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,676,083	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,830,471	\$129,346	\$624,681	\$19,766
8	Total Nursing Facility Days As Filed Days = 27,539	FY21 Audited C/R Days	27,539									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,539	FY21 GL-PL Ins Rpt Days								27,539		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$351.36	\$191.36	\$0.00	\$28.38	\$37.05	(with L&H)	\$66.47	\$4.70	\$22.68	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7786								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$107.59	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.67	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7883								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$178.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.36	\$178.51	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.82	\$9.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.36	\$5.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$15.18	\$15.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$318.54	\$193.69	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$238.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CAMELLIA GARDENS OF LIFE CARE Prvdr ID: 00366341A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.81% Nurse Hours per On-Site Day/Quality Incentive: 4.13		<u>Facility Score</u> 4.13	<u>Add-on Percent</u> 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3820 Quarterly Medicaid CMI: 1.3593 Qtrly Mcaid CMI w RUG Wght Options: 1.3797			<u>Facility Specific</u> 1.3797	<u>State-wide</u> 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,793,869	\$2,854,714	\$0	\$466,998	\$464,572	\$0	\$829,150		\$178,435	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)		(\$45,994)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,827		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,685
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,790,193	\$2,853,660	\$0	\$464,681	\$463,141	\$1,435	\$748,323	\$80,827	\$132,441	\$45,685
8	Total Nursing Facility Days As Filed Days = 21,403	FY21 Audited C/R Days	21,403									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,403	FY21 GL-PL Ins Rpt Days								21,403		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$223.81	\$133.33	\$0.00	\$21.71	\$21.71	(with L&H)	\$34.96	\$3.78	\$6.19	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3820								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.50	\$96.47	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3797								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.13	\$133.10	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.66	\$6.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.75	\$141.62	\$0.00	\$21.93	\$22.12	\$0.00	\$52.43	\$3.78	\$9.74	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: QUIET OAKS HEALTH CARE CENTER Prvdr ID: 00370851A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5002	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		69.57%	5.5%	Quarterly Medicaid CMI:			1.7529	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.47	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7880	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,298,657	\$2,325,947	\$0	\$402,234	\$660,121	\$0	\$816,431		\$93,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,995
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,306,603	\$2,321,518	\$0	\$403,410	\$661,105	\$5,112	\$709,841	\$110,444	\$53,178	\$41,995
8	Total Nursing Facility Days As Filed Days = 19,344	FY21 Audited C/R Days	19,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,344	FY21 GL-PL Ins Rpt Days								19,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.63	\$120.01	\$0.00	\$20.85	\$34.44	(with L&H)	\$36.70	\$5.71	\$2.75	\$2.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5002								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.00	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27 (FRV)	\$2.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.98	\$80.00	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7880								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.02	\$143.04	\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.91	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.87	\$7.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.15	\$7.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.03	\$15.55	\$0.00	\$0.22	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.05	\$158.59	\$0.00	\$21.07	\$33.28	\$0.00	\$53.96	\$5.71	\$12.27	\$2.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.91% Nurse Hours per On-Site Day/Quality Incentive: 3.06		<u>Facility Score</u> 3.06	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.8838 Quarterly Medicaid CMI: 1.7486 Qtrly Mcaid CMI w RUG Wght Options: 1.7825			<u>Facility Specific</u> 1.8838 1.7486 1.7825	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$644,395		\$263,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$152,182)	\$0	\$0	\$0	\$0	\$0	(\$119,552)		(\$32,630)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,552		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,630
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$524,843	\$119,552	\$230,987	\$32,630
8	Total Nursing Facility Days As Filed Days = 14,406	FY21 Audited C/R Days	14,406									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,406	FY21 GL-PL Ins Rpt Days								14,406		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.89	\$113.61	\$0.00	\$21.15	\$17.10	(with L&H)	\$36.43	\$8.30	\$16.03	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8838								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.01	\$60.31	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7825								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.20	\$107.50	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.13	\$112.34	\$0.00	\$21.37	\$17.51	\$0.00	\$53.89	\$8.30	\$10.45	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LIFE CARE CENTER OF GWINNETT				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00370873A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5103	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid CMI:			1.3252	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.79	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3435	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,268,941		\$417,748	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$262,957)	\$0	\$0	\$0	\$0	\$0	(\$161,998)		(\$100,959)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,998		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$100,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,323,178	\$3,159,074	\$0	\$677,534	\$799,881	\$0	\$1,106,943	\$161,998	\$316,789	\$100,959
8	Total Nursing Facility Days As Filed Days = 22,099	FY21 Audited C/R Days	22,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,099	FY21 GL-PL Ins Rpt Days								22,099		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$286.13	\$142.95	\$0.00	\$30.66	\$36.20	(with L&H)	\$50.09	\$7.33	\$14.33	\$4.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5103								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$94.65	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74 (FRV)	\$4.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$215.30	\$94.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3435								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.81	\$127.16	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.09	\$5.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.99	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.80	\$134.05	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$7.33	\$11.74	\$4.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DELMAR GARDENS OF GWINNETT Prvdr ID: 00395161A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 13.89% Nurse Hours per On-Site Day/Quality Incentive: 2.56		<u>Facility Score</u> 2.56	<u>Add-on Percent</u> 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6088 Quarterly Medicaid CMI: 1.4418 Qtrly Mcaid CMI w RUG Wght Options: 1.4621			<u>Facility Specific</u> 1.6088 1.4418 1.4621	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,857,404	\$2,525,340	\$0	\$878,028	\$820,040	\$0	\$1,078,973		\$555,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$237,933)	(\$13,579)	\$0	\$0	(\$16,034)	(\$5,885)	(\$68,398)		(\$134,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$129,613
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,812,084	\$2,511,761	\$0	\$878,028	\$804,006	(\$5,885)	\$1,010,575	\$63,000	\$420,986	\$129,613
8	Total Nursing Facility Days As Filed Days = 19,298	FY21 Audited C/R Days	19,298									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,298	FY21 GL-PL Ins Rpt Days								19,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$301.19	\$130.16	\$0.00	\$45.50	\$41.36	(with L&H)	\$52.37	\$3.26	\$21.82	\$6.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6088								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35 (FRV)	\$6.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.25	\$80.91	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4621								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.64	\$118.30	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.55	\$3.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.18	\$4.08	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.82	\$122.38	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$3.26	\$10.35	\$6.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.79									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: CONDOR HEALTH LAFAYETTE				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00399737A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6513	1.5740
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS	0.0%	Quarterly Medicaid CMI:			1.9500	1.3765
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.02	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9880	1.3996
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Base Period Per Diem Allowed Amounts												
Net Historical Cost 2020												
FY2020 C/R -FY 2020 GL-PL Rpt												
Inflation (July 2021) @ 4.30%												
FY 2020 Cost Rpt												
FY 20 GL-PL Ins Rpt Days												
Base Period Facility CMI for all Residents												
Routine Services Case Mix Adjusted Net Per Diem												
Net Per Diems After Case Mix Adjustments												
Per Diem Standards												
Base Period Case Mix Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
CMA Allowed Per Diem After Growth Allowance												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)												
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate			\$229.49	\$130.76		\$19.50	\$17.55		\$42.08	\$2.01	\$15.66	\$1.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$159.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAKE CROSSING HEALTH CENTER Prvdr ID: 00403939A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 63.64% Nurse Hours per On-Site Day/Quality Incentive: 0.00		<u>Facility Score</u> 0.00	<u>Add-on Percent</u> 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5577 Quarterly Medicaid CMI: 1.8855 Qtrly Mcaid CMI w RUG Wght Options: 1.9228			<u>Facility Specific</u> 1.5577 1.8855 1.9228	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,976,194	\$2,374,505	\$0	\$445,367	\$663,825	\$0	\$963,647		\$1,528,850	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$265,489)	\$0	\$0	\$0	\$0	(\$5,125)	(\$215,627)		(\$44,737)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$229,705		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,737
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$229,705	\$1,484,113	\$44,737
8	Total Nursing Facility Days As Filed Days = 27,902	FY21 Audited C/R Days	27,902									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,902	FY21 GL-PL Ins Rpt Days								27,902		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$214.50	\$85.10	\$0.00	\$15.96	\$23.61	(with L&H)	\$26.81	\$8.23	\$53.19	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5577								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.32	\$54.63	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9228								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.73	\$105.04	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.78	\$5.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.51	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.24	\$113.45	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TOWNSEND PARK HEALTH AND REHABILITATION Prvdr ID: 00404995A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 51.16% Nurse Hours per On-Site Day/Quality Incentive: 3.60		<u>Facility Score</u> 3.60	<u>Add-on Percent</u> 0.00% 5.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3178 Quarterly Medicaid CMI: 1.1600 Qtrly Mcaid CMI w RUG Wght Options: 1.1749			<u>Facility Specific</u> 1.3178 1.1600 1.1749	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,355,073	\$3,698,777	\$0	\$624,689	\$884,750	\$0	\$1,731,448		\$415,409	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$158,646)	(\$5,507)	\$0	(\$917)	\$0	\$820	(\$138,275)		(\$14,767)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,960		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,767
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,340,154	\$3,693,270	\$0	\$623,772	\$884,750	\$820	\$1,593,173	\$128,960	\$400,642	\$14,767
8	Total Nursing Facility Days As Filed Days = 32,134	FY21 Audited C/R Days	32,134									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,134	FY21 GL-PL Ins Rpt Days								32,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.42	\$114.93	\$0.00	\$19.41	\$27.56	(with L&H)	\$49.58	\$4.01	\$12.47	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3178								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$87.21	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.85	\$87.21	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1749								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.10	\$102.46	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.02	\$11.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.12	\$113.75	\$0.00	\$19.63	\$27.97	\$0.00	\$54.01	\$4.01	\$14.29	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00405292A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5838	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		52.73%	5.5%	Quarterly Medicaid CMI:			1.5219	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.31	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5462	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,784,811	\$2,476,310	\$0	\$504,007	\$522,033	\$0	\$797,436		\$485,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,730
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,757,368	\$2,461,235	\$0	\$503,396	\$522,033	(\$462)	\$697,739	\$89,505	\$450,192	\$33,730
8	Total Nursing Facility Days As Filed Days = 21,395	FY21 Audited C/R Days	21,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,395	FY21 GL-PL Ins Rpt Days								21,645		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.81	\$113.71	\$0.00	\$23.26	\$24.10	(with L&H)	\$32.24	\$4.14	\$20.80	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5838								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.57	\$71.80	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5462								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.79	\$111.02	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.11	\$6.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.55	\$5.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.29	\$12.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.08	\$123.21	\$0.00	\$23.48	\$24.51	\$0.00	\$49.71	\$4.14	\$10.47	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00409054A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6255	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	21.84%	1.0%	Quarterly Medicaid CMI:				1.4135	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.39	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4357	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,886,085	\$4,416,545	\$0	\$814,426	\$1,052,395	\$0	\$1,466,368		\$2,136,351	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$211,649)	(\$4,214)	\$0	(\$1,031)	(\$5,378)	(\$6,362)	(\$122,044)		(\$72,620)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,200		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,907,523	\$4,412,331	\$0	\$813,395	\$1,047,017	(\$6,362)	\$1,344,324	\$161,200	\$2,063,731	\$71,887
8	Total Nursing Facility Days As Filed Days = 36,118	FY21 Audited C/R Days	36,118									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,118	FY21 GL-PL Ins Rpt Days								36,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.30	\$122.16	\$0.00	\$22.52	\$28.81	(with L&H)	\$37.22	\$4.46	\$57.14	\$1.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6255								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.15								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.15	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44 (FRV)	\$1.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.28	\$75.15	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4357								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.02	\$107.89	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.39	\$5.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.73	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.75	\$114.89	\$0.00	\$22.74	\$29.22	\$0.00	\$54.01	\$4.46	\$14.44	\$1.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOOMSBORO				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00409494A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5376	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		27.08%	1.0%	Quarterly Medicaid CMI:			1.5285	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.01	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5550	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,710,186	\$1,848,536	\$0	\$332,830	\$459,746	\$0	\$832,616		\$236,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,711		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,695,863	\$1,835,675	\$0	\$332,830	\$457,028	(\$2,965)	\$568,527	\$268,711	\$211,004	\$25,053
8	Total Nursing Facility Days As Filed Days = 18,484	FY21 Audited C/R Days	18,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,484	FY21 GL-PL Ins Rpt Days								18,484		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$199.97	\$99.31	\$0.00	\$18.01	\$24.57	(with L&H)	\$30.76	\$14.54	\$11.42	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5376								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.18	\$64.59	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5550								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.03	\$100.44	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.02	\$5.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.65	\$6.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.68	\$106.99	\$0.00	\$18.23	\$24.98	\$0.00	\$48.23	\$14.54	\$13.35	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION Prvdr ID: 00413509A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6594	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		30.19%	2.5%	Quarterly Medicaid CMI:			1.3744	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.35	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3959	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,462,028	\$2,271,031	\$0	\$405,453	\$520,659	\$0	\$839,759		\$425,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$86,501		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,996
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,452,249	\$2,268,857	\$0	\$404,921	\$520,659	(\$491)	\$746,676	\$86,501	\$389,130	\$35,996
8	Total Nursing Facility Days As Filed Days = 18,633	FY21 Audited C/R Days	18,633									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,633	FY21 GL-PL Ins Rpt Days								18,633		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.94	\$121.77	\$0.00	\$21.73	\$27.92	(with L&H)	\$40.07	\$4.64	\$20.88	\$1.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6594								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46 (FRV)	\$1.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.97	\$73.38	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3959								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.02	\$102.43	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.94	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.96	\$110.64	\$0.00	\$21.95	\$28.33	\$0.00	\$54.01	\$4.64	\$11.46	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEGACY HEALTH AND REHABILITATION Prvdr ID: 00415522A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 37.50% Nurse Hours per On-Site Day/Quality Incentive: 4.06		<u>Facility Score</u> 4.06	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2628 Quarterly Medicaid CMI: 1.2514 Qtrly Mcaid CMI w RUG Wght Options: 1.2693			<u>Facility Specific</u> 1.2628 1.2514 1.2693	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,269,481	\$1,784,377	\$0	\$308,236	\$379,445	\$0	\$601,119		\$196,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$56,755	\$75,221	\$0	(\$358)	\$1,867	\$2,129	(\$13,672)		(\$8,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,535
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,386,771	\$1,859,598	\$0	\$307,878	\$381,312	\$2,129	\$587,447	\$52,000	\$187,872	\$8,535
8	Total Nursing Facility Days As Filed Days = 12,528	FY21 Audited C/R Days	12,528									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,528	FY21 GL-PL Ins Rpt Days								12,528		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$270.35	\$148.44	\$0.00	\$24.58	\$30.61	(with L&H)	\$46.89	\$4.15	\$15.00	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2628								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$117.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$117.54	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97 (FRV)	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$233.72	\$99.82	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2693								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.60	\$126.70	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.97	\$8.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$286.57	\$134.94	\$0.00	\$24.80	\$31.02	\$0.00	\$54.01	\$4.15	\$36.97	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: FOUNTAINVIEW CTR FOR ALZHEIMER Prvdr ID: 00421429A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 84.21% Nurse Hours per On-Site Day/Quality Incentive: 3.20		<u>Facility Score</u> 3.20	<u>Add-on Percent</u> 0.00% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5801 Quarterly Medicaid CMI: 1.3935 Qtrly Mcaid CMI w RUG Wght Options: 1.4118			<u>Facility Specific</u> 1.5801 1.3935 1.4118	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,537,401	\$4,542,297	\$0	\$850,028	\$990,796	\$0	\$1,401,964		\$752,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,560)	(\$38,081)	\$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)		(\$302,908)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$197,109		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$301,825
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,532,775	\$4,504,216	\$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936	\$197,109	\$449,408	\$301,825
8	Total Nursing Facility Days As Filed Days = 34,221	FY21 Audited C/R Days	34,221									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221	FY21 GL-PL Ins Rpt Days								34,221		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$249.34	\$131.62	\$0.00	\$24.84	\$28.85	(with L&H)	\$36.32	\$5.76	\$13.13	\$8.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5801								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02 (FRV)	\$8.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.91	\$83.30	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4118								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.21	\$117.60	\$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.47	\$6.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.63	\$10.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.84	\$128.13	\$0.00	\$25.06	\$29.26	\$0.00	\$53.79	\$5.76	\$14.02	\$8.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SANDY SPRINGS HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00426214A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7712	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		36.54%	2.5%	Quarterly Medicaid CMI:			1.9463	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9850	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,069,666	\$4,620,068	\$0	\$759,483	\$1,041,811	\$0	\$1,546,289		\$2,102,015	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193		(\$112,178)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$97,412		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$111,335
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,570,186	\$4,612,664	\$0	\$759,483	\$1,038,592	(\$4,619)	\$1,965,482	\$97,412	\$1,989,837	\$111,335
8	Total Nursing Facility Days As Filed Days = 38,333	FY21 Audited C/R Days	38,333									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,333	FY21 GL-PL Ins Rpt Days								38,333		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$275.73	\$120.33	\$0.00	\$19.81	\$26.97	(with L&H)	\$51.27	\$2.54	\$51.91	\$2.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7712								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$67.94	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51 (FRV)	\$2.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.58	\$67.94	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9850								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.50	\$134.86	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.37	\$3.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.05	\$4.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.68	\$7.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.18	\$142.81	\$0.00	\$20.03	\$27.38	\$0.00	\$54.01	\$2.54	\$12.51	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: TAYLOR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00432924A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 38.71% Nurse Hours per On-Site Day/Quality Incentive: 3.08		<u>Facility Score</u> 3.08	<u>Add-on Percent</u> 0.00% 2.5% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5157 Quarterly Medicaid CMI: 1.5135 Qtrly Mcaid CMI w RUG Wght Options: 1.5410			<u>Facility Specific</u> 1.5157 1.5135 1.5410	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
5	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
6	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,566,496	\$2,299,287	\$0	\$451,866	\$477,815	\$0	\$860,560		\$476,968	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$136,310)	(\$2,495)	\$0	(\$611)	\$0	(\$445)	(\$89,909)		(\$42,850)	
8	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,355		
9	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,850
10	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,555,391	\$2,296,792	\$0	\$451,255	\$477,815	(\$445)	\$770,651	\$82,355	\$434,118	\$42,850
11	Total Nursing Facility Days As Filed Days = 21,384	FY21 Audited C/R Days	21,384									
12	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,384	FY21 GL-PL Ins Rpt Days								21,384		
13	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$213.02	\$107.41	\$0.00	\$21.10	\$22.32	(with L&H)	\$36.04	\$3.85	\$20.30	\$2.00
14	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5157								
15	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.87								
16	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00
17	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
18	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
19	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
20	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.11	\$70.87	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
21	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5410								
22	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.21								
23	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.45	\$109.21	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
Quarterly Per Diem Add-on Amounts												
24	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
25	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
26	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.55	\$6.55								
27	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
28	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.91	\$9.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
29	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.36	\$119.02	\$0.00	\$21.32	\$22.73	\$0.00	\$53.51	\$3.85	\$10.93	\$2.00
30	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HILL HAVEN NURSING HOME				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00448456A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4440	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		55.17%	5.5%	Quarterly Medicaid CMI:			1.4817	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.15	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5084	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$650,805		\$351,168	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$121,425)	\$0	\$0	\$0	\$0	\$0	(\$96,964)		(\$24,461)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$96,964		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,461
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$553,841	\$96,964	\$326,707	\$24,461
8	Total Nursing Facility Days As Filed Days = 20,236	FY21 Audited C/R Days	20,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,236	FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	(with L&H)	\$27.37	\$4.79	\$16.14	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4440								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.19	\$71.86	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5084								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.72	\$108.39	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.84	\$9.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.56	\$118.13	\$0.00	\$16.01	\$24.42	\$0.00	\$44.84	\$4.79	\$11.16	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: A.G. RHODES HOME, INC - COBB				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00493292A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8259	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		45.07%	5.5%	Quarterly Medicaid CMI:			1.6590	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.24	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6883	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,890,251	\$5,946,738	\$0	\$1,172,668	\$1,234,835	\$0	\$2,174,633		\$361,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$260,210)	(\$43,643)	\$0	\$0	\$0	\$0	(\$172,149)		(\$44,418)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$172,149		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,846,608	\$5,903,095	\$0	\$1,172,668	\$1,234,835	\$0	\$2,002,484	\$172,149	\$316,959	\$44,418
8	Total Nursing Facility Days As Filed Days = 32,781	FY21 Audited C/R Days	32,781									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,781	FY21 GL-PL Ins Rpt Days								32,781		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$330.88	\$180.08	\$0.00	\$35.77	\$37.67	(with L&H)	\$61.09	\$5.25	\$9.67	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8259								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.62	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.56	\$98.62	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6883								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$166.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.44	\$166.50	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$9.16	\$9.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.33	\$8.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$35.12	\$18.02	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$320.56	\$184.52	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.25	\$15.33	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CAMBRIDGE POST ACUTE CARE CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00494139A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7785	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		34.74%	2.5%	Quarterly Medicaid CMI:			1.7281	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.20	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7584	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,607,207		\$2,435,935	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$423,627)	\$0	\$0	\$0	\$0	\$0	(\$282,987)		(\$140,640)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$282,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$140,640
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,324,220	\$282,987	\$2,295,295	\$140,640
8	Total Nursing Facility Days As Filed Days = 41,130	FY21 Audited C/R Days	41,130									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,130	FY21 GL-PL Ins Rpt Days								41,130		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$238.98	\$102.72	\$0.00	\$17.66	\$20.29	(with L&H)	\$32.20	\$6.88	\$55.81	\$3.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7785								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	11.60 (FRV)	\$3.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.81	\$57.76	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7584								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.62	\$101.57	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.84	\$107.69	\$0.00	\$17.88	\$20.70	\$0.00	\$49.67	\$6.88	\$11.60	\$3.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00530824A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.6584	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	26.42%	1.0%	Quarterly Medicaid CMI:				1.8834	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9178	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,671,176	\$3,452,580	\$0	\$558,715	\$527,157	\$0	\$1,552,653		\$580,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,864		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$50,532
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532
8	Total Nursing Facility Days As Filed Days = 29,721	FY21 Audited C/R Days	29,721									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY21 GL-PL Ins Rpt Days								29,721		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$224.98	\$114.23	\$0.00	\$18.80	\$18.21	(with L&H)	\$42.17	\$12.01	\$17.86	\$1.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6584								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.88	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22 (FRV)	\$1.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.73	\$68.88	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9178								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.95	\$132.10	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.49	\$137.91	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: JONESBORO NURSING AND REHABILITATION CENTER Prvdr ID: 00531033A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 16.50% Nurse Hours per On-Site Day/Quality Incentive: 3.46		<u>Facility Score</u> 3.46	<u>Add-on Percent</u> 0.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6493 Quarterly Medicaid CMI: 1.6590 Qtrly Mcaid CMI w RUG Wght Options: 1.6904			<u>Facility Specific</u> 1.6493 1.6590 1.6904	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,515,848	\$4,133,944	\$0	\$604,027	\$547,589	\$0	\$1,461,089		\$769,199	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921		(\$86,567)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$85,959
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,506,448	\$4,094,084	\$0	\$602,527	\$546,581	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959
8	Total Nursing Facility Days As Filed Days = 40,676	FY21 Audited C/R Days	40,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,676	FY21 GL-PL Ins Rpt Days								40,676		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$184.53	\$100.65	\$0.00	\$14.81	\$13.40	(with L&H)	\$36.78	\$0.00	\$16.78	\$2.11
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6493								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	\$16.78	\$2.11
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$61.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6904								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.64	\$103.17	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.42	\$2.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.06	\$105.76	\$0.00	\$15.03	\$13.81	\$0.00	\$53.98	\$0.00	\$13.37	\$2.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MAPLE RIDGE HEALTH CARE CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00534619A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.7506	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	47.50%	5.5%	Quarterly Medicaid CMI:				1.8462	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8827	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,610,316	\$2,253,227	\$0	\$551,955	\$453,212	\$0	\$984,562		\$1,367,360	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$338,440)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$266,087)		(\$59,152)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$153,798		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$165,457
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,591,131	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$718,475	\$153,798	\$1,308,208	\$165,457
8	Total Nursing Facility Days As Filed Days = 23,750	FY21 Audited C/R Days	23,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,750	FY21 GL-PL Ins Rpt Days								23,750		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.42	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$30.25	\$6.48	\$55.08	\$6.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7506								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	14.19 (FRV)	\$6.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.85	\$54.19	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8827								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.68	\$102.02	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.61	\$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.30	\$9.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.98	\$111.22	\$0.00	\$23.46	\$18.94	\$0.00	\$47.72	\$6.48	\$14.19	\$6.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSEMONT AT STONE MOUNTAIN				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00587331A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8431	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		68.85%	5.5%	Quarterly Medicaid CMI:			1.9193	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.9574	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,112,584	\$4,997,032	\$0	\$856,369	\$770,460	\$0	\$1,659,926		\$1,828,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$714,862)	\$3,825	\$0	\$0	\$0	\$0	(\$547,717)		(\$170,970)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$303,595		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$408,111
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,109,428	\$5,000,857	\$0	\$856,369	\$770,460	\$0	\$1,112,209	\$303,595	\$1,657,827	\$408,111
8	Total Nursing Facility Days As Filed Days = 47,216	FY21 Audited C/R Days	47,216									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,216	FY21 GL-PL Ins Rpt Days								47,216		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.11	\$105.91	\$0.00	\$18.14	\$16.32	(with L&H)	\$23.56	\$6.43	\$35.11	\$8.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.8431								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09 (FRV)	\$8.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$57.46	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9574								
18	Qtrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.65	\$112.47	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.19	\$10.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.84	\$122.56	\$0.00	\$18.36	\$16.73	\$0.00	\$41.03	\$6.43	\$12.09	\$8.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BAYVIEW NURSING HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00624951A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5128	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		47.50%	5.5%	Quarterly Medicaid CMI:			1.4557	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.42	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4821	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,930		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,569
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569
8	Total Nursing Facility Days As Filed Days = 17,327	FY21 Audited C/R Days	17,327									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,327	FY21 GL-PL Ins Rpt Days								17,327		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5128								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$84.78	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57 (FRV)	\$3.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.56	\$84.78	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4821								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.43	\$125.65	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.93	\$0.53	\$0.00	\$0.03	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.28	\$6.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.22	\$13.72	\$0.00	\$0.03	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$290.65	\$139.37	\$0.00	\$26.81	\$33.28	\$0.00	\$48.84	\$3.46	\$35.57	\$3.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRIARWOOD HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00706813A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7539	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid CMI:			1.7408	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.48	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7727	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,504,269	\$4,123,233	\$0	\$563,258	\$550,123	\$0	\$835,256		\$1,432,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$248,123	\$15,797	\$0	(\$2,066)	\$3,978	\$14,422	\$334,406		(\$118,414)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$120,605
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,879,544	\$4,139,030	\$0	\$561,192	\$554,101	\$14,422	\$1,169,662	\$6,547	\$1,313,985	\$120,605
8	Total Nursing Facility Days As Filed Days = 30,161	FY21 Audited C/R Days	30,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,161	FY21 GL-PL Ins Rpt Days								30,161		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$261.26	\$137.23	\$0.00	\$18.61	\$18.85	(with L&H)	\$38.78	\$0.22	\$43.57	\$4.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7539								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.24	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.24	\$78.24	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41 (FRV)	\$4.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.24	\$78.24	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7727								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.70	\$138.70	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.47	\$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.89	\$8.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.59	\$146.86	\$0.00	\$18.83	\$19.26	\$0.00	\$54.01	\$0.22	\$11.41	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LEE COUNTY HEALTH AND REHABILITATION Prvdr ID: 00712665A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7721	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		29.17%	1.0%	Quarterly Medicaid CMI:			1.3602	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.65	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3826	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,039,382	\$1,989,463	\$0	\$435,540	\$452,666	\$0	\$702,726		\$458,987	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$113,472)	(\$2,054)	\$0	(\$502)	\$0	(\$473)	(\$69,204)		(\$41,239)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$41,239
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,030,134	\$1,987,409	\$0	\$435,038	\$452,666	(\$473)	\$633,522	\$62,985	\$417,748	\$41,239
8	Total Nursing Facility Days As Filed Days = 17,605	FY21 Audited C/R Days	17,605									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,605	FY21 GL-PL Ins Rpt Days								17,605		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$228.93	\$112.89	\$0.00	\$24.71	\$25.69	(with L&H)	\$35.99	\$3.58	\$23.73	\$2.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7721								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24 (FRV)	\$2.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.25	\$63.70	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3826								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.62	\$88.07	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.53	\$93.88	\$0.00	\$24.93	\$26.10	\$0.00	\$53.46	\$3.58	\$15.24	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BRYAN COUNTY HLTH & REHAB CTR				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00715569A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7256	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		52.00%	5.5%	Quarterly Medicaid CMI:			1.6932	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.58	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7267	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,152,128	\$3,410,802	\$0	\$630,785	\$719,875	\$0	\$941,421		\$449,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$288,114)	(\$3,363)	\$0	\$0	\$0	(\$41,306)	(\$125,274)		(\$118,171)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,709		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$118,171
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,153,894	\$3,407,439	\$0	\$630,785	\$719,875	(\$41,306)	\$816,147	\$171,709	\$331,074	\$118,171
8	Total Nursing Facility Days As Filed Days = 25,744	FY21 Audited C/R Days	25,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,744	FY21 GL-PL Ins Rpt Days								25,744		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$239.04	\$132.36	\$0.00	\$24.50	\$26.36	(with L&H)	\$31.70	\$6.67	\$12.86	\$4.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7256								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	13.10 (FRV)	\$4.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.62	\$76.70	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7267								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.36	\$132.44	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$7.28	\$7.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.62	\$6.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$32.53	\$14.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$271.89	\$146.87	\$0.00	\$24.72	\$26.77	\$0.00	\$49.17	\$6.67	\$13.10	\$4.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THUNDERBOLT TRANSITIONAL CARE & REHAB CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00727801A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.5397	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	22.22%	1.0%	Quarterly Medicaid CMI:			1.5172	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.92	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5448	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$893,320		\$143,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,529		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$131,255
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$658,791	\$234,529	\$12,565	\$131,255
8	Total Nursing Facility Days As Filed Days = 19,400	FY21 Audited C/R Days	19,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,400	FY21 GL-PL Ins Rpt Days								19,400		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$196.02	\$105.91	\$0.00	\$17.41	\$19.23	(with L&H)	\$33.96	\$12.09	\$0.65	\$6.77
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5397								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.79								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22 (FRV)	\$6.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.47	\$68.79	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5448								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.95	\$106.27	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$1.06	\$1.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$2.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.70	\$108.92	\$0.00	\$17.63	\$19.64	\$0.00	\$51.43	\$12.09	\$18.22	\$6.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: DUNWOODY HEALTH AND REHABILITATION CENTER Prvdr ID: 00815295A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.8691	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		17.24%	0.0%	Quarterly Medicaid CMI:			1.5449	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5722	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$16,445,333	\$7,821,957	\$0	\$1,043,933	\$1,677,071	\$0	\$1,966,082		\$3,936,290	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$291,056)	(\$790,043)	\$0	(\$1,038)	(\$5,169)	\$2,455	\$662,784		(\$160,045)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$56,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$139,866
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$16,350,229	\$7,031,914	\$0	\$1,042,895	\$1,671,902	\$2,455	\$2,628,866	\$56,086	\$3,776,245	\$139,866
8	Total Nursing Facility Days As Filed Days = 46,482	FY21 Audited C/R Days	46,851									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,482	FY21 GL-PL Ins Rpt Days								46,851		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$348.99	\$150.09	\$0.00	\$22.26	\$35.74	(with L&H)	\$56.11	\$1.20	\$80.60	\$2.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.8691								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.30	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32 (FRV)	\$2.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.26	\$80.30	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5722								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.21	\$126.25	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.79	\$3.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.64	\$4.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.85	\$130.57	\$0.00	\$22.48	\$33.28	\$0.00	\$54.01	\$1.20	\$15.32	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.06									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: THE D. SCOTT HUDGENS CENTER FOR SKILLED NURSING				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 000815493B				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.4506	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		48.00%	5.5%	Quarterly Medicaid CMI:			1.7092	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.89	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7398	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$528,956		\$173,016	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$27,774)	\$0	\$0	\$0	\$0	\$0	(\$8,924)		(\$18,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$8,924		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$18,850
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,088,976	\$1,690,227	\$0	\$323,325	\$373,452	\$0	\$520,032	\$8,924	\$154,166	\$18,850
8	Total Nursing Facility Days As Filed Days = 11,163	FY21 Audited C/R Days	11,163									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,163	FY21 GL-PL Ins Rpt Days								11,163		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$276.71	\$151.41	\$0.00	\$28.96	\$33.45	(with L&H)	\$46.59	\$0.80	\$13.81	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.4506								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$104.38	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.78	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7398								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$173.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.63	\$173.67	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$9.55	\$9.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.21	\$5.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.86	\$14.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$327.49	\$188.43	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$0.80	\$22.46	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$232.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LIFE CARE CTR OF LAWRENCEVILLE Prvdr ID: 00818914A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 21.28% Nurse Hours per On-Site Day/Quality Incentive: 4.08		<u>Facility Score</u> 4.08	<u>Add-on Percent</u> 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5544 Quarterly Medicaid CMI: 1.6060 Qtrly Mcaid CMI w RUG Wght Options: 1.6340			<u>Facility Specific</u> 1.5544 1.6060 1.6340	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,113		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,979,977	\$3,758,305	\$0	\$696,058	\$684,212	\$4,868	\$1,156,717	\$128,113	\$376,211	\$175,493
8	Total Nursing Facility Days As Filed Days = 24,222	FY21 Audited C/R Days	24,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,222	FY21 GL-PL Ins Rpt Days								24,222		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$288.17	\$155.16	\$0.00	\$28.74	\$28.45	(with L&H)	\$47.75	\$5.29	\$15.53	\$7.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.5544								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$99.82	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54 (FRV)	\$7.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.08	\$99.82	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6340								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$163.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.37	\$163.11	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.26	\$3.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.89	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$306.77	\$168.00	\$0.00	\$26.82	\$28.86	\$0.00	\$54.01	\$5.29	\$16.54	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 25.00% Nurse Hours per On-Site Day/Quality Incentive: 3.33		<u>Facility Score</u> 3.33	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3698 Quarterly Medicaid CMI: 1.2657 Qtrly Mcaid CMI w RUG Wght Options: 1.2842			<u>Facility Specific</u> 1.3698 1.2657 1.2842	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$21,181,304	\$15,162,985	\$0	\$1,492,861	\$904,860	\$392,576	\$2,356,901		\$871,121	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$754,888)	(\$2,376,895)	\$0	\$0	\$9,061	(\$30,886)	\$963,748		\$680,084	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$339,582		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,546
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$20,799,544	\$12,786,090	\$0	\$1,492,861	\$913,921	\$361,690	\$3,320,649	\$339,582	\$1,551,205	\$33,546
8	Total Nursing Facility Days As Filed Days = 56,845	FY21 Audited C/R Days	56,845									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,845	FY21 GL-PL Ins Rpt Days								56,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$365.90	\$224.93	\$0.00	\$26.26	\$22.44	(with L&H)	\$58.42	\$5.97	\$27.29	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3698								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$164.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$164.21	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.02	\$99.82	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2842								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.39	\$128.19	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.76	\$5.13	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.15	\$133.32	\$0.00	\$26.48	\$22.85	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROSELANE HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00831751A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7751	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		19.32%	0.0%	Quarterly Medicaid CMI:			1.7910	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.39	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8237	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,562,379	\$5,912,098	\$0	\$698,697	\$780,643	\$0	\$1,287,877		\$1,883,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjtmnts	\$373,408	(\$6,300)	\$0	(\$444)	\$1,191	\$4,599	\$473,315		(\$98,953)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,495		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$99,310
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,099,592	\$5,905,798	\$0	\$698,253	\$781,834	\$4,599	\$1,761,192	\$64,495	\$1,784,111	\$99,310
8	Total Nursing Facility Days As Filed Days = 42,284	FY21 Audited C/R Days	42,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,284	FY21 GL-PL Ins Rpt Days								42,284		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Srvc	Ln 7 / Ln 8 Col a	\$262.50	\$139.67	\$0.00	\$16.51	\$18.60	(with L&H)	\$41.65	\$1.53	\$42.19	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.7751								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.68	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.18	\$78.68	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8237								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.99	\$143.49	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.12	\$146.89	\$0.00	\$16.73	\$19.01	\$0.00	\$54.01	\$1.53	\$13.60	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: REGENCY PARK HEALTH AND REHABILITATION Prvdr ID: 00837207A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 20.00% Nurse Hours per On-Site Day/Quality Incentive: 6.83		<u>Facility Score</u> 20.00% 6.83	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5238 Quarterly Medicaid CMI: 1.1878 Qtrly Mcaid CMI w RUG Wght Options: 1.2042			<u>Facility Specific</u> 1.5238 1.1878 1.2042	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,497,519	\$4,092,632	\$0	\$726,889	\$664,643	\$0	\$1,615,150		\$398,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$70,839)	\$861	\$0	\$1,828	\$0	\$0	(\$73,528)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$50,977		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,282
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,487,939	\$4,093,493	\$0	\$728,717	\$664,643	\$0	\$1,541,622	\$50,977	\$398,205	\$10,282
8	Total Nursing Facility Days As Filed Days = 24,681	FY21 Audited C/R Days	24,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,681	FY21 GL-PL Ins Rpt Days								24,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	(with L&H)	\$62.46	\$2.07	\$16.13	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5238								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$108.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$108.84	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.39	\$99.82	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2042								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.77	\$120.20	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.61	\$3.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.32	\$4.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.09	\$125.01	\$0.00	\$26.82	\$27.34	\$0.00	\$54.01	\$2.07	\$20.42	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROCKDALE HEALTHCARE CENTER Prvdr ID: 00838252A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 23.21% Nurse Hours per On-Site Day/Quality Incentive: 3.83		<u>Facility Score</u> 3.83	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.7546 Quarterly Medicaid CMI: 1.5540 Qtrly Mcaid CMI w RUG Wght Options: 1.5826			<u>Facility Specific</u> 1.7546 1.5540 1.5826	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,356,811		\$2,015,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$320,015)	\$0	\$0	\$0	\$0	\$0	(\$196,225)		(\$123,790)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$196,225		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$123,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,160,586	\$196,225	\$1,891,930	\$123,790
8	Total Nursing Facility Days As Filed Days = 32,552	FY21 Audited C/R Days	32,552									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,552	FY21 GL-PL Ins Rpt Days								32,552		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.68	\$131.61	\$0.00	\$18.94	\$20.53	(with L&H)	\$35.65	\$6.03	\$58.12	\$3.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7546								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46 (FRV)	\$3.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.42	\$75.01	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5826								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.12	\$118.71	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.50	\$123.99	\$0.00	\$19.16	\$20.94	\$0.00	\$53.12	\$6.03	\$13.46	\$3.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: COASTAL MANOR				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00856028A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6178	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		48.57%	5.5%	Quarterly Medicaid CMI:			1.4789	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.98	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.5064	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,258,449	\$3,562,996	\$0	\$973,526	\$377,843	\$602,868	\$1,257,502		\$483,714	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$136,765		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,960
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,253,377	\$3,458,384	\$0	\$1,078,138	\$377,843	\$602,868	\$1,115,665	\$136,765	\$456,754	\$26,960
8	Total Nursing Facility Days As Filed Days = 35,920	FY21 Audited C/R Days	35,920									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,920	FY21 GL-PL Ins Rpt Days								35,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$201.93	\$96.28	\$0.00	\$30.01	\$27.30	(with L&H)	\$31.06	\$3.81	\$12.72	\$0.75
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6178								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.75	\$59.51	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5064								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.89	\$89.65	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$4.93	\$4.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.25	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.14	\$97.80	\$0.00	\$30.23	\$27.71	\$0.00	\$48.53	\$3.81	\$15.31	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CANDLER SKILLED NURSING UNIT Prvdr ID: 00870911A Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 0.00% Nurse Hours per On-Site Day/Quality Incentive: 9.19		<u>Facility Score</u> Add-on Percent: 0.00% 0.0% 0.0%		<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 2.8960 Quarterly Medicaid CMI: 2.8390 Qtrly Mcaid CMI w RUG Wght Options: 2.8960			<u>Facility Specific</u> 1.5751 1.5469 1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,097,258	\$1,987,273	\$0	\$148,084	\$200,430	\$257,276	\$841,719		\$662,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$25,061)	\$0	\$0	\$0	(\$1,795)	(\$2,281)	(\$3,419)		(\$17,566)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$3,419		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,093,034	\$1,987,273	\$0	\$148,084	\$198,635	\$254,995	\$838,300	\$3,419	\$644,910	\$17,418
8	Total Nursing Facility Days	As Filed Days = 6,745		6,745								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 6,745								6,745		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$606.81	\$294.63	\$0.00	\$21.95	\$67.25	(with L&H)	\$124.28	\$0.51	\$95.61	\$2.58
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		2.8960								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$101.74	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.48	\$99.82	\$0.00	\$21.95	\$33.28		\$36.91	\$0.51	11.43 (FRV)	\$2.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.48	\$99.82	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.8960								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$289.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$395.74	\$289.08	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$413.06	\$289.08	\$0.00	\$22.17	\$33.28	\$0.00	\$54.01	\$0.51	\$11.43	\$2.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$296.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: LAUREL PARK AT HENRY MED CTR Prvdr ID: 00908553A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 15.52% Nurse Hours per On-Site Day/Quality Incentive: 3.53		<u>Facility Score</u> 3.53	<u>Add-on Percent</u> 0.00% 0.0% 6.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6749 Quarterly Medicaid CMI: 1.5438 Qtrly Mcaid CMI w RUG Wght Options: 1.5696			<u>Facility Specific</u> 1.6749 1.5438 1.5696	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,734,441	\$3,708,467	\$0	\$581,270	\$870,005	\$0	\$1,379,411		\$195,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$383,193		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,719,913	\$3,648,121	\$0	\$581,270	\$866,993	(\$3,292)	\$1,054,979	\$383,193	\$173,112	\$15,537
8	Total Nursing Facility Days As Filed Days = 25,472	FY21 Audited C/R Days	25,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY21 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$263.82	\$143.22	\$0.00	\$22.82	\$33.91	(with L&H)	\$41.42	\$15.04	\$6.80	\$0.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6749								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.51	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28		\$36.91	\$15.04	20.12 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.29	\$85.51	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.00	\$134.22	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$8.05	\$8.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.90	\$8.58	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$288.90	\$142.80	\$0.00	\$23.04	\$33.28	\$0.00	\$54.01	\$15.04	\$20.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ATRIUM HEALTH NAVICENT BALDWIN				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00947658A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5742	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		0.00%	0.0%	Quarterly Medicaid CMI:			1.5469	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.47	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5742	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,037,336	\$1,286,397	\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$71,985		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	\$1,286,397	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0
8	Total Nursing Facility Days As Filed Days = 3,032	FY21 Audited C/R Days	3,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,032	FY21 GL-PL Ins Rpt Days								3,032		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5742								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$269.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$269.51	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$250.48	\$99.82	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5742								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$307.80	\$157.14	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$324.90	\$157.14	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$23.74	\$19.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$230.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ZEBULON PARK HEALTH AND REHABILITATION Prvdr ID: 003125041B				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 35.48% Nurse Hours per On-Site Day/Quality Incentive: 4.24		<u>Facility Score</u> 4.24	<u>Add-on Percent</u> 0.00% 2.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5007 Quarterly Medicaid CMI: 1.5108 Qtrly Mcaid CMI w RUG Wght Options: 1.5361			<u>Facility Specific</u> 1.5007 1.5108 1.5361	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,811	\$2,417,537	\$0	\$402,661	\$517,397	\$0	\$949,714		\$626,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$132,459)	\$31,504	\$0	(\$572)	\$1,295	\$345	(\$145,416)		(\$19,615)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,498		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,755
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,870,605	\$2,449,041	\$0	\$402,089	\$518,692	\$345	\$804,298	\$69,498	\$606,887	\$19,755
8	Total Nursing Facility Days As Filed Days = 20,032	FY21 Audited C/R Days	20,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,032	FY21 GL-PL Ins Rpt Days								20,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$243.26	\$122.32	\$0.00	\$20.08	\$25.92	(with L&H)	\$40.17	\$3.47	\$30.31	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5007								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.51	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.24	\$81.51	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5361								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.94	\$125.21	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.34	\$133.88	\$0.00	\$20.30	\$26.33	\$0.00	\$54.01	\$3.47	\$34.36	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ANSLEY PARK HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 003136416A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:				1.5010	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	6.06%	0.0%	Quarterly Medicaid CMI:				1.1744	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	3.94	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.1943	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,562,922	\$2,410,376	\$0	\$408,929	\$490,994	\$0	\$876,702		\$375,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$16,376)	(\$3,234)	\$0	(\$469)	(\$569)	(\$712)	\$8,622		(\$20,014)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$68,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,946
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,635,132	\$2,407,142	\$0	\$408,460	\$490,425	(\$712)	\$885,324	\$68,640	\$355,907	\$19,946
8	Total Nursing Facility Days As Filed Days = 16,432	FY21 Audited C/R Days	16,432									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,432	FY21 GL-PL Ins Rpt Days								16,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$282.08	\$146.49	\$0.00	\$24.86	\$29.80	(with L&H)	\$53.88	\$4.18	\$21.66	\$1.21
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5010								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$97.59	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24 (FRV)	\$1.21
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.79	\$97.59	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1943								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.75	\$116.55	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.83	\$5.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.84	\$122.91	\$0.00	\$25.08	\$30.21	\$0.00	\$54.01	\$4.18	\$36.24	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: STEVENS PARK HEALTH AND REHABILITATION Prvdr ID: 003143404A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 10.71% Nurse Hours per On-Site Day/Quality Incentive: 3.70		<u>Facility Score</u> 3.70	<u>Add-on Percent</u> 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6339 Quarterly Medicaid CMI: 1.4305 Qtrly Mcaid CMI w RUG Wght Options: 1.4548			<u>Facility Specific</u> 1.6339 1.4305 1.4548	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,059,907	\$1,518,535	\$0	\$316,817	\$364,718	\$0	\$688,117		\$171,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,099,891	\$1,517,180	\$0	\$316,486	\$364,718	(\$548)	\$686,655	\$43,680	\$161,962	\$9,758
8	Total Nursing Facility Days As Filed Days = 11,618	FY21 Audited C/R Days	11,618									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,618	FY21 GL-PL Ins Rpt Days								11,618		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.82	\$130.59	\$0.00	\$27.24	\$31.35	(with L&H)	\$59.10	\$3.76	\$13.94	\$0.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6339								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.93	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14 (FRV)	\$0.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.75	\$79.93	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4548								
18	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.10	\$116.28	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.65	\$4.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$5.18	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$270.79	\$121.46	\$0.00	\$26.82	\$31.76	\$0.00	\$54.01	\$3.76	\$32.14	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: CHELSEY PARK HEALTH AND REHABILITATION Prvdr ID: 003165720A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 10.26% Nurse Hours per On-Site Day/Quality Incentive: 3.19		<u>Facility Score</u> 3.19	<u>Add-on Percent</u> 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5177 Quarterly Medicaid CMI: 1.5843 Qtrly Mcaid CMI w RUG Wght Options: 1.6143			<u>Facility Specific</u> 1.5177 1.5843 1.6143	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,239,114	\$2,121,993	\$0	\$426,613	\$471,042	\$0	\$767,552		\$451,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,836
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,260,333	\$2,117,747	\$0	\$426,115	\$472,890	\$3,863	\$725,165	\$62,400	\$426,317	\$25,836
8	Total Nursing Facility Days As Filed Days = 17,426	FY21 Audited C/R Days	17,426									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,426	FY21 GL-PL Ins Rpt Days								17,426		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$244.47	\$121.53	\$0.00	\$24.45	\$27.36	(with L&H)	\$41.61	\$3.58	\$24.46	\$1.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5177								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.07	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.94	\$80.07	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6143								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.13	\$129.26	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$6.46	\$6.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$6.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$282.85	\$136.25	\$0.00	\$24.67	\$27.77	\$0.00	\$54.01	\$3.58	\$35.09	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: HARRINGTON PARK HEALTH AND REHABILITATION				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003165726A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5536	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid CMI:			1.3259	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.31	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3479	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,221,201	\$2,019,184	\$0	\$435,009	\$447,960	\$0	\$879,967		\$439,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,320		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,517
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,285,873	\$2,014,044	\$0	\$434,563	\$449,482	\$5,462	\$882,656	\$60,320	\$413,829	\$25,517
8	Total Nursing Facility Days As Filed Days = 15,611	FY21 Audited C/R Days	15,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,611	FY21 GL-PL Ins Rpt Days								15,611		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$274.53	\$129.01	\$0.00	\$27.84	\$29.14	(with L&H)	\$56.54	\$3.86	\$26.51	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5536								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$83.04	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.07	\$83.04	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67 (FRV)	\$1.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.07	\$83.04	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3479								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.96	\$111.93	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.60	\$5.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.44	\$8.93	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.40	\$120.86	\$0.00	\$26.82	\$29.55	\$0.00	\$54.01	\$3.86	\$36.67	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BUDD TERRACE AT WESLEY WOODS				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003167547A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3746	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		23.94%	1.0%	Quarterly Medicaid CMI:			1.0945	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		4.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1103	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,930,899	\$11,760,875	\$0	\$2,065,932	\$2,533,353	\$0	\$1,971,555		\$599,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$810,108)	(\$214,269)	\$0	\$0	\$0	\$15,876	(\$611,715)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,853		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,138,644	\$11,546,606	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0
8	Total Nursing Facility Days As Filed Days = 52,947	FY21 Audited C/R Days	52,947									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,947	FY21 GL-PL Ins Rpt Days								52,947		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3746								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$158.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$158.65	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28		\$25.68	\$0.34	15.12 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.06	\$99.82	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1103								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.07	\$110.83	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4.43	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.97	\$115.26	\$0.00	\$26.82	\$33.28	\$0.00	\$43.15	\$0.34	\$15.12	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.65									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: MEADOWS PARK HEALTH AND REHABILITATION Prvdr ID: 003167911A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7065	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		21.74%	1.0%	Quarterly Medicaid CMI:			1.6876	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.91	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7206	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,271	\$2,916,855	\$0	\$445,967	\$520,042	\$0	\$932,144		\$451,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$42,738)	\$2,242	\$0	(\$590)	\$1,069	\$378	(\$21,623)		(\$24,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,325,851	\$2,919,097	\$0	\$445,377	\$521,111	\$378	\$910,521	\$78,000	\$427,049	\$24,318
8	Total Nursing Facility Days As Filed Days = 20,663	FY21 Audited C/R Days	20,663									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,663	FY21 GL-PL Ins Rpt Days								20,663		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$257.75	\$141.27	\$0.00	\$21.55	\$25.24	(with L&H)	\$44.07	\$3.77	\$20.67	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7065								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$82.78	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.91	\$82.78	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7206								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.56	\$142.43	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$7.12	\$7.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.80	\$9.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$288.36	\$151.50	\$0.00	\$21.77	\$25.65	\$0.00	\$54.01	\$3.77	\$30.48	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ROCKMART HEALTH Prvdr ID: 003182988A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 17.78% Nurse Hours per On-Site Day/Quality Incentive: 3.59		<u>Facility Score</u> 3.59	<u>Add-on Percent</u> 0.00% 0.0% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5874 Quarterly Medicaid CMI: 1.4864 Qtrly Mcaid CMI w RUG Wght Options: 1.5116			<u>Facility Specific</u> 1.5874 1.4864 1.5116	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,260,534	\$1,674,602	\$0	\$369,716	\$398,881	\$0	\$594,069		\$223,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$84,088)	(\$756)	\$0	\$0	\$0	\$0	(\$61,517)		(\$21,815)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,517		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,259,778	\$1,673,846	\$0	\$369,716	\$398,881	\$0	\$532,552	\$61,517	\$201,451	\$21,815
8	Total Nursing Facility Days As Filed Days = 13,852	FY21 Audited C/R Days	13,852									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,852	FY21 GL-PL Ins Rpt Days								13,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5874								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$26.69	\$28.80		\$38.45	\$4.44	\$14.54	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.78	\$76.12	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5116								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.72	\$115.06	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.04	\$0.53	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.28	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.61	\$121.34	\$0.00	\$26.79	\$29.21	\$0.00	\$54.01	\$4.44	\$9.25	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY Prvdr ID: 003185378A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023 MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7177	1.5751
				Qtrly BIMS score		34.62%	2.5%	Quarterly Medicaid CMI:			1.7152	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.31	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.7479	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,771,836	\$4,890,870	\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,601		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704
8	Total Nursing Facility Days As Filed Days = 34,987	FY21 Audited C/R Days	34,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,987	FY21 GL-PL Ins Rpt Days								34,987		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		<u>1.7177</u>								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.38	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43 (FRV)	\$1.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.79	\$81.38	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7479</u>								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.65	\$142.24	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$3.56	\$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.09	\$8.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.74	\$150.60	\$0.00	\$19.61	\$22.39	\$0.00	\$54.01	\$3.39	\$15.43	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.23									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: ARCHWAY TRANSITIONAL CARE CENTER				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 003185502A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.3961	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		66.27%	5.5%	Quarterly Medicaid CMI:			1.3242	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		3.85	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3447	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,045,704	\$3,679,479	\$0	\$511,928	\$782,778	\$0	\$1,171,455		\$900,064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$235,779)	(\$3,340)	\$0	(\$817)	\$0	(\$818)	(\$165,872)		(\$64,932)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,550
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,983,826	\$3,676,139	\$0	\$511,111	\$782,778	(\$818)	\$1,005,583	\$105,351	\$835,132	\$68,550
8	Total Nursing Facility Days As Filed Days = 28,626	FY21 Audited C/R Days	28,882									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,626	FY21 GL-PL Ins Rpt Days								28,882		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$241.81	\$127.28	\$0.00	\$17.70	\$27.07	(with L&H)	\$34.82	\$3.65	\$28.92	\$2.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.3961								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	\$28.92	\$2.37
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07		\$34.82	\$3.65	24.38 (FRV)	\$2.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.16	\$91.17	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3447								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.59	\$122.60	\$0.00	\$17.70	\$27.07	\$0.00	\$34.82	\$3.65	\$24.38	\$2.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$6.74	\$6.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.27	\$12.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.86	\$134.77	\$0.00	\$17.92	\$27.48	\$0.00	\$52.29	\$3.65	\$24.38	\$2.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: OCEANSIDE HEALTH AND REHAB Prvdr ID: 003188970A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score 25.81% Nurse Hours per On-Site Day/Quality Incentive: 2.56		<u>Facility Score</u> 2.56	<u>Add-on Percent</u> 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6700 Quarterly Medicaid CMI: 1.7435 Qtrly Mcaid CMI w RUG Wght Options: 1.7773			<u>Facility Specific</u> 1.6700 1.7435 1.7773	<u>State-wide</u> 1.5751 1.5469 1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,574	\$2,487,516	\$0	\$356,358	\$626,313	\$0	\$858,590		\$740,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$192,922)	(\$34,054)	\$0	\$0	\$0	\$0	(\$52,192)		(\$106,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,356		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,072,684	\$2,453,462	\$0	\$356,358	\$626,313	\$0	\$806,398	\$89,356	\$634,121	\$106,676
8	Total Nursing Facility Days As Filed Days = 23,106	FY21 Audited C/R Days	23,106									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,106	FY21 GL-PL Ins Rpt Days								23,106		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$219.54	\$106.18	\$0.00	\$15.42	\$27.11	(with L&H)	\$34.90	\$3.87	\$27.44	\$4.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6700								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71 (FRV)	\$4.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$63.58	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7773								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.63	\$113.00	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.78	\$118.05	\$0.00	\$15.64	\$27.52	\$0.00	\$52.37	\$3.87	\$16.71	\$4.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: BOSTICK NURSING CENTER Prvdr ID: 003192286A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.2526	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		17.16%	0.0%	Quarterly Medicaid CMI:			1.3947	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		2.23	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4213	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,058,174	\$7,874,530	\$0	\$1,937,716	\$1,994,662	\$0	\$1,463,435		\$1,787,831	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$288,409
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,925,317	\$7,806,946	\$0	\$1,938,215	\$1,996,742	\$3,854	\$1,314,012	\$82,202	\$1,494,937	\$288,409
8	Total Nursing Facility Days As Filed Days = 77,249	FY21 Audited C/R Days	77,249									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,249	FY21 GL-PL Ins Rpt Days								77,249		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	(with L&H)	\$17.01	\$1.06	\$19.35	\$3.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.2526								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91 (FRV)	\$3.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.38	\$80.68	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4213								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.37	\$114.67	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.92	\$2.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.29	\$117.49	\$0.00	\$25.31	\$26.31	\$0.00	\$34.48	\$1.06	\$19.91	\$3.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLEN EAGLE HEALTHCARE AND REHAB Prvdr ID: 003214231A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 10/1/2023				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.6377	1.5751
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Qtrly BIMS score		38.60%	2.5%	Quarterly Medicaid CMI:			1.3174	1.5469
				Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.3379	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,329,737	\$2,480,656	\$0	\$415,788	\$415,605	\$0	\$533,025		\$484,663	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$179,937)	\$0	\$0	\$0	(\$693)	(\$851)	(\$142,922)		(\$35,471)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$140,604		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,343
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,325,747	\$2,480,656	\$0	\$415,788	\$414,912	(\$851)	\$390,103	\$140,604	\$449,192	\$35,343
8	Total Nursing Facility Days As Filed Days = 21,855	FY21 Audited C/R Days	21,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,855	FY21 GL-PL Ins Rpt Days								21,855		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.93	\$113.51	\$0.00	\$19.02	\$18.95	(with L&H)	\$17.85	\$6.43	\$20.55	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.6377								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	\$20.55	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95		\$17.85	\$6.43	10.46 (FRV)	\$1.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.64	\$69.31	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3379								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.06	\$92.73	\$0.00	\$19.02	\$18.95	\$0.00	\$17.85	\$6.43	\$10.46	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.79	\$98.36	\$0.00	\$19.24	\$19.36	\$0.00	\$35.32	\$6.43	\$10.46	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.27									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Pvdr ID: 003245344A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			Use Stwd	1.5751
H/B ?: No				Case Mix Per Diem Rate Effective Date: 10/01/23		BIMS: 50.0%	5.5%	Quarterly Medicaid CMI:			1.1034	1.5195
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		5.25	0.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1099	1.5463
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group				1	1	2	1	1	1			
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs				FY2021 GL-PL Ins. Rpt						\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt				FY2021 GL-PL Ins. Rpt						0		
Standard Per Diem (After CMA for Routine Srvcs)				FY 2021 Peer Group Limit								
<u>Allowed @ 90% of Std</u>					\$99.82	\$26.82	\$33.28		\$36.91		\$30.29	\$0.00
Growth Allowance 0.00%				\$207.44	\$89.84	\$24.14	\$29.95		\$33.22		\$30.29	\$0.00
CMA Allowed Per Diem (After Growth Allowance)				\$207.44	\$89.84	\$24.14	\$29.95		\$33.22	\$	30.29	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents					1.1099						(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem					\$99.71							
Quarterly Medicaid CMA Allowed Per Diem				\$221.50	\$99.71	\$24.14	\$29.95		\$33.22	4.19	\$30.29	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% o Routine Srvs)				\$5.48	\$5.48							
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%				\$0.00	\$0.00							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$22.58								
Quarterly Case Mix Based Per Diem Rate				\$244.09	\$105.20	\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$170.24								

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Rome Prvdr ID: 299031876A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 31.2% Nurse Hours per On-Site Day/Quality Incentive: 4.13		Facility Score N/A 31.2% 4.13	Add-on Percent 0.00% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.6203 Quarterly Medicaid CMI: 1.5238 Qtrly Mcaid CMI w RUG Wght Options: 1.5503		Facility Specific 1.6203 1.5238 1.5503	State-wide 1.5751 1.5195 1.5463	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$ 203,634		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								32,699		
Standard Per Diem (After CMA for Routine Svcs)		FY 2021 Peer Group Limit									\$28.49	\$1.31
<u>Allowed @ 95% of Std</u>			\$216.79	\$94.83		\$25.48	\$31.62		\$36.91		\$28.49	\$1.31
Growth Allowance 0.0%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)			\$223.02	\$94.83		\$25.48	\$31.62		\$35.06	\$ 6.23	\$28.49	\$1.31
Quarterly Facility Case Mix Index for Medicaid Residents				1.5503					\$35.06		(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$147.01								
Quarterly Medicaid CMA Allowed Per Diem			\$273.16	\$147.01		\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			\$3.68	\$3.68								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%			\$7.35	\$7.35								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$28.13									
	Quarterly Case Mix Based Per Diem Rate		\$301.29	\$158.04		\$25.48	\$31.62		\$52.16	\$4.19	\$28.49	\$1.31
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$213.14										

* 1002.3B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 321026473A				Growth Allowance:	N/A	0.00%	Base Period Overall CMI:			1.6888	1.5751	
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score	28.79%	1.0%	Quarterly Medicaid CMI:			1.7437	1.5469	
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:	2.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7770	1.5742	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,366,288	\$3,716,569	\$0	\$554,782	\$964,923	\$0	\$1,406,552		\$723,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$221,552)	\$58	\$0	\$0	\$1,789	\$1,441	(\$131,378)		(\$93,462)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$93,775
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,394,318	\$3,716,627	\$0	\$554,782	\$966,712	\$1,441	\$1,275,174	\$155,807	\$630,000	\$93,775
8	Total Nursing Facility Days As Filed Days = 27,111	FY21 Audited C/R Days	27,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,111	FY21 GL-PL Ins Rpt Days								27,111		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$272.75	\$137.09	\$0.00	\$20.46	\$35.71	(with L&H)	\$47.04	\$5.75	\$23.24	\$3.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY21		1.6888								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.18	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88 (FRV)	\$3.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.92	\$81.18	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7770								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.00	\$144.26	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.86	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$278.18	\$149.12	\$0.00	\$20.68	\$33.28	\$0.00	\$54.01	\$5.75	\$11.88	\$3.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.81									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: GLENWOOD HEALTHCARE				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 701562744A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.5406	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		38.89%	2.5%	Quarterly Medicaid CMI:			1.6679	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7004	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,873,552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$70,601)	\$0	\$0	\$0	\$0	\$0	(\$45,565)		(\$25,036)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$36,081		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036
8	Total Nursing Facility Days As Filed Days = 15,681	FY21 Audited C/R Days	15,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,681	FY21 GL-PL Ins Rpt Days								15,681		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.5406								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.40	\$59.20	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7004								
18	Qtrly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.86	\$100.66	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.03	\$106.73	\$0.00	\$16.94	\$20.05	\$0.00	\$45.70	\$2.30	\$12.71	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.70									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2021 Cost Report Data

FINAL

Provider: EVERGREEN HEALTH AND REHABILITATION CENTER				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 835154999A				Growth Allowance:		N/A	0.00%	Base Period Overall CMI:			1.7485	1.5751
Case Mix Per Diem Rate Effective Date: 10/1/2023				Qtrly BIMS score		47.69%	5.5%	Quarterly Medicaid CMI:			1.7952	1.5469
MDS & Nurse Hrs Data per Quarter Ending: 06/30/23				Nurse Hours per On-Site Day/Quality Incentive:		2.97	4.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.8277	1.5742
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srvc Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,250,545	\$2,775,059	\$0	\$516,725	\$602,764	\$0	\$1,081,301		\$274,696	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmnts	(\$189,176)	\$1,860	\$0	\$0	\$0	\$0	(\$168,580)		(\$22,456)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$164,520		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,456
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,248,345	\$2,776,919	\$0	\$516,725	\$602,764	\$0	\$912,721	\$164,520	\$252,240	\$22,456
8	Total Nursing Facility Days As Filed Days = 30,107	FY21 Audited C/R Days	30,107									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,107	FY21 GL-PL Ins Rpt Days								30,107		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$174.32	\$92.23	\$0.00	\$17.16	\$20.02	(with L&H)	\$30.32	\$5.46	\$8.38	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY21		1.7485								
11	Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvc)	per Peer Group Limits		\$99.82		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.14	\$52.75	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8277								
18	Qtrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.80	\$96.41	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.79	\$9.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.59	\$106.10	\$0.00	\$17.38	\$20.43	\$0.00	\$47.79	\$5.46	\$7.68	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.37									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archbold Living Cairo			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003294668A			Growth Allowance:			N/A	0.00%	Base Period Overall CMI:			Use Stwd	1.5751
H/B ?: No			Case Mix Per Diem Rate Effective Date: 10/01/23			BIMS:	0.0%	Quarterly Medicaid CMI:			1.5469	1.5469
			MDS & Nurse Hrs Data per Quarter Ending: 06/30/23			Nurse Hours per On-Site Day/Quality Incentive:	0.00	0.0%			1.5742	1.5742
			Qtrly Mcaid CMI w RUG Wght Options:									
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2021 GL-PL Ins. Rpt								\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2021 GL-PL Ins. Rpt								0		
Standard Per Diem (After CMA for Routine Svcs)		FY 2021 Peer Group Limit		\$99.82		\$26.82	\$33.28		\$36.91		\$38.80	\$0.00
<u>Allowed @ 90% of Std</u>			\$215.95	\$89.84		\$24.14	\$29.95		\$33.22		\$38.80	\$0.00
Growth Allowance 0.00%			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)			\$215.95	\$89.84		\$24.14	\$29.95		\$33.22	\$	38.80	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents				1.5742							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$141.43								
Quarterly Medicaid CMA Allowed Per Diem			\$271.73	\$141.43		\$24.14	\$29.95		\$33.22	4.19	\$38.80	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% o Routine Svcs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%			\$0.00	\$0.00								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$17.10									
Quarterly Case Mix Based Per Diem Rate			\$288.83	\$141.43		\$24.14	\$29.95		\$50.32	\$4.19	\$38.80	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$203.80										