

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PARK PLACE 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: 00002164A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6085	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.22%	2.5%	Quarterly Medicaid PDPM:			1.6496	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		6.25	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6846	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$13,045,014	\$7,327,180	\$0	\$1,521,585	\$1,242,826	\$0	\$2,724,703		\$228,720	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$716,351)	\$0	\$0	\$0	\$0	\$0	(\$659,312)		(\$57,039)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$659,312		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,039
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,045,014	\$7,327,180	\$0	\$1,521,585	\$1,242,826	\$0	\$2,065,391	\$659,312	\$171,681	\$57,039
8	Total Nursing Facility Days As Filed Days = 54,817	FY22 Audited C/R Days	54,817									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,817	FY22 GL-PL Ins Rpt Days								54,817		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$237.98	\$133.67	\$0.00	\$27.76	\$22.67	(with L&H)	\$37.68	\$12.03	\$3.13	\$1.04
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6085</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.10	\$0.00	\$27.76	\$22.67		\$37.68	\$12.03	\$3.13	\$1.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.80	\$83.10	\$0.00	\$27.76	\$22.67		\$37.68	\$12.03	13.52 (FRV)	\$1.04
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	\$197.80	\$83.10	\$0.00	\$27.76	\$22.67	\$0.00	\$37.68	\$12.03	\$13.52	\$1.04
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6846</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.69	\$139.99	\$0.00	\$27.76	\$22.67	\$0.00	\$37.68	\$12.03	\$13.52	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.50	\$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.00	\$7.00								
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	\$29.13	\$11.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$283.82	\$151.02	\$0.00	\$27.98	\$23.08	\$0.00	\$55.15	\$12.03	\$13.52	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.04									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

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Provider: NEWNAN 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: 00040719A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3564	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.68%	1.0%	Quarterly Medicaid PDPM:			1.2770	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.61	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3020	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,972,035	\$3,364,468	\$0	\$546,579	\$663,989	\$0	\$1,183,003		\$213,996	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$39,035)	\$0	\$0	\$0	\$0	\$0	(\$28,880)		(\$10,155)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,155
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,024,275	\$3,364,468	\$0	\$546,579	\$663,989	\$0	\$1,154,123	\$81,120	\$203,841	\$10,155
8	Total Nursing Facility Days As Filed Days = 21,789	FY22 Audited C/R Days	21,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,789	FY22 GL-PL Ins Rpt Days								21,789		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$276.49	\$154.41	\$0.00	\$25.09	\$30.47	(with L&H)	\$52.97	\$3.72	\$9.36	\$0.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3564</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$113.84	\$0.00	\$25.09	\$30.47		\$52.97	\$3.72	\$9.36	\$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$227.84	\$113.84	\$0.00	\$25.09	\$30.47		\$38.83	\$3.72	15.42 (FRV)	\$0.47
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	\$227.84	\$113.84	\$0.00	\$25.09	\$30.47	\$0.00	\$38.83	\$3.72	\$15.42	\$0.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3020</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$148.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.22	\$148.22	\$0.00	\$25.09	\$30.47	\$0.00	\$38.83	\$3.72	\$15.42	\$0.47
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.41	\$7.41								
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	\$27.15	\$9.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.37	\$157.64	\$0.00	\$25.31	\$30.88	\$0.00	\$55.93	\$3.72	\$15.42	\$0.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.20									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2719	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.91%	1.0%	Quarterly Medicaid PDPM:			1.4795	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5092	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$15,976,277	\$8,167,051	\$0	\$1,536,248	\$1,323,991	\$0	\$3,106,036		\$1,842,951	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$700,708)	(\$23,048)	\$0	\$0	\$0	(\$3,173)	(\$563,677)		(\$110,810)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$582,299		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$105,055
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$15,962,923	\$8,144,003	\$0	\$1,536,248	\$1,323,991	(\$3,173)	\$2,542,359	\$582,299	\$1,732,141	\$105,055
8	Total Nursing Facility Days As Filed Days = 59,248	FY22 Audited C/R Days	59,248									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,248	FY22 GL-PL Ins Rpt Days								59,248		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$269.43	\$137.46	\$0.00	\$25.93	\$22.29	(with L&H)	\$42.91	\$9.83	\$29.24	\$1.77
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2719</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$108.08	\$0.00	\$25.93	\$22.29		\$42.91	\$9.83	\$29.24	\$1.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.45	\$108.08	\$0.00	\$25.93	\$22.29		\$38.83	\$9.83	33.72 (FRV)	\$1.77
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	\$240.45	\$108.08	\$0.00	\$25.93	\$22.29	\$0.00	\$38.83	\$9.83	\$33.72	\$1.77
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5092</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$163.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$295.48	\$163.11	\$0.00	\$25.93	\$22.29	\$0.00	\$38.83	\$9.83	\$33.72	\$1.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
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	\$7.68	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$303.16	\$170.16	\$0.00	\$26.15	\$22.70	\$0.00	\$38.83	\$9.83	\$33.72	\$1.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.37									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

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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 PDPMCMI:			1.4283	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid PDPM:			1.4015	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.21	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4294	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,235,539	\$6,852,876	\$0	\$1,520,836	\$1,488,279	\$0	\$1,408,325		\$965,223	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$240,989)	\$0	\$0	\$0	\$0	\$0	(\$201,952)		(\$39,037)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$201,952		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,037
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,235,539	\$6,852,876	\$0	\$1,520,836	\$1,488,279	\$0	\$1,206,373	\$201,952	\$926,186	\$39,037
8	Total Nursing Facility Days As Filed Days = 29,282	FY22 Audited C/R Days	29,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,282	FY22 GL-PL Ins Rpt Days								29,282		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$417.86	\$234.03	\$0.00	\$51.94	\$50.83	(with L&H)	\$41.20	\$6.90	\$31.63	\$1.33
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4283								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$163.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$163.85	\$0.00	\$51.94	\$50.83		\$41.20	\$6.90	\$31.63	\$1.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$257.64	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$6.90	29.76 (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	\$257.64	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.90	\$29.76	\$1.33
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.4294								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$167.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$307.99	\$167.60	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.90	\$29.76	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$9.22	\$9.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$31.35	\$14.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$339.34	\$181.85	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.90	\$29.76	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$241.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BUCKHEAD CENTER FOR NURSING AND HEALING				<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: 00040763A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4359	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.17%	1.0%	Quarterly Medicaid PDPM:			1.4830	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.23	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5133	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,840,597	\$7,270,401	\$0	\$798,019	\$1,081,515	\$0	\$2,674,338		\$1,016,324	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$386,338)	(\$58,525)	\$0	\$0	\$4,648	\$6,899	(\$202,388)		(\$136,972)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$129,611		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$138,435
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,722,305	\$7,211,876	\$0	\$798,019	\$1,086,163	\$6,899	\$2,471,950	\$129,611	\$879,352	\$138,435
8	Total Nursing Facility Days As Filed Days = 45,398	FY22 Audited C/R Days	45,398									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,398	FY22 GL-PL Ins Rpt Days								45,398		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$280.24	\$158.86	\$0.00	\$17.58	\$24.08	(with L&H)	\$54.45	\$2.85	\$19.37	\$3.05
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4359</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$110.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.64	\$0.00	\$17.58	\$24.08		\$54.45	\$2.85	\$19.37	\$3.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.40	\$110.64	\$0.00	\$17.58	\$24.08		\$38.83	\$2.85	12.37 (FRV)	\$3.05
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	\$209.40	\$110.64	\$0.00	\$17.58	\$24.08	\$0.00	\$38.83	\$2.85	\$12.37	\$3.05
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5133</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$167.43								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.19	\$167.43	\$0.00	\$17.58	\$24.08	\$0.00	\$38.83	\$2.85	\$12.37	\$3.05
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.67	\$1.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.37	\$8.37								
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	\$28.30	\$10.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.49	\$178.00	\$0.00	\$17.80	\$24.49	\$0.00	\$55.93	\$2.85	\$12.37	\$3.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.04									

Quarterly Case Mix Per Diem Calculation

FINAL[illegible]

* 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 PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PINE VIEW NURSING AND REHAB 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: 00040796A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4810	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		24.47%	1.0%	Quarterly Medicaid PDPM:			1.4551	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.69	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4849	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,069,104	\$1,642,702	\$0	\$296,255	\$291,563	\$0	\$775,703		\$62,881	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$263,569)	\$0	\$0	\$0	\$0	\$0	(\$226,456)		(\$37,113)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$178,894		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,113
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,021,542	\$1,642,702	\$0	\$296,255	\$291,563	\$0	\$549,247	\$178,894	\$25,768	\$37,113
8	Total Nursing Facility Days As Filed Days = 15,084	FY22 Audited C/R Days	15,084									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,084	FY22 GL-PL Ins Rpt Days								15,084		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$200.31	\$108.90	\$0.00	\$19.64	\$19.33	(with L&H)	\$36.41	\$11.86	\$1.71	\$2.46
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4810</u>								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$73.53	\$0.00	\$19.64	\$19.33		\$36.41	\$11.86	\$1.71	\$2.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.57	\$73.53	\$0.00	\$19.64	\$19.33		\$36.41	\$11.86	10.34 (FRV)	\$2.46
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	\$173.57	\$73.53	\$0.00	\$19.64	\$19.33	\$0.00	\$36.41	\$11.86	\$10.34	\$2.46
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4849</u>								
18	Qtrtry Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.22	\$109.18	\$0.00	\$19.64	\$19.33	\$0.00	\$36.41	\$11.86	\$10.34	\$2.46
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 = <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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.22	\$114.08	\$0.00	\$19.86	\$19.74	\$0.00	\$53.88	\$11.86	\$10.34	\$2.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.34									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TWIN VIEW 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: 00040807A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3065	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid PDPM:			1.7053	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.26	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7395	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,447,123	\$2,587,082	\$0	\$368,024	\$549,276	\$0	\$1,311,999		\$630,742	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$163,299)	(\$8,941)	\$0	(\$811)	\$0	\$0	(\$105,084)		(\$48,463)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,917		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$48,463
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,393,204	\$2,578,141	\$0	\$367,213	\$549,276	\$0	\$1,206,915	\$60,917	\$582,279	\$48,463
8	Total Nursing Facility Days As Filed Days = 29,416	FY22 Audited C/R Days	29,416									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,416	FY22 GL-PL Ins Rpt Days								29,416		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.33	\$87.64	\$0.00	\$12.48	\$18.67	(with L&H)	\$41.03	\$2.07	\$19.79	\$1.65
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3065</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$67.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.08	\$0.00	\$12.48	\$18.67		\$41.03	\$2.07	\$19.79	\$1.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.49	\$67.08	\$0.00	\$12.48	\$18.67		\$38.83	\$2.07	10.71 (FRV)	\$1.65
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	\$151.49	\$67.08	\$0.00	\$12.48	\$18.67	\$0.00	\$38.83	\$2.07	\$10.71	\$1.65
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7395</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.10	\$116.69	\$0.00	\$12.48	\$18.67	\$0.00	\$38.83	\$2.07	\$10.71	\$1.65
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$225.78	\$123.64	\$0.00	\$12.70	\$19.08	\$0.00	\$55.93	\$2.07	\$10.71	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.51									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: A.G. RHODES HOME 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: 00040818A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5597	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		48.15%	5.5%	Quarterly Medicaid PDPM:			1.5184	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.60	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5490	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$14,287,775	\$7,898,629	\$0	\$1,432,212	\$1,509,799	\$0	\$2,940,795		\$506,340	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$476,215)	(\$366,919)	\$0	\$0	(\$5,134)	\$93,985	(\$124,328)		(\$73,819)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$279,444		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,770
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$14,121,774	\$7,531,710	\$0	\$1,432,212	\$1,504,665	\$93,985	\$2,816,467	\$279,444	\$432,521	\$30,770
8	Total Nursing Facility Days As Filed Days = 43,285	FY22 Audited C/R Days	43,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,285	FY22 GL-PL Ins Rpt Days								43,286		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$326.25	\$174.00	\$0.00	\$33.09	\$36.93	(with L&H)	\$65.07	\$6.46	\$9.99	\$0.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5597</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.56								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.56	\$0.00	\$33.09	\$36.93		\$65.07	\$6.46	\$9.99	\$0.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.32	\$111.56	\$0.00	\$30.35	\$33.22		\$38.83	\$6.46	19.19 (FRV)	\$0.71
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	\$240.32	\$111.56	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.46	\$19.19	\$0.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5490</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$172.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$301.57	\$172.81	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.46	\$19.19	\$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)	\$0.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$9.50	\$9.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.91	\$6.91								
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	\$34.04	\$16.94	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$335.61	\$189.75	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.46	\$19.19	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$238.88									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUSTELL				<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: 00059276A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3769	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid PDPM:			1.5054	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.61	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5365	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,286,046	\$4,573,995	\$0	\$944,154	\$852,428	\$0	\$1,457,800		\$457,669	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$556,462)	(\$91,546)	\$0	\$0	(\$5,018)	(\$5,071)	(\$369,328)		(\$85,499)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$439,574		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,397
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,236,555	\$4,482,449	\$0	\$944,154	\$847,410	(\$5,071)	\$1,088,472	\$439,574	\$372,170	\$67,397
8	Total Nursing Facility Days As Filed Days = 39,252	FY22 Audited C/R Days	39,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,252	FY22 GL-PL Ins Rpt Days								39,252		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.84	\$114.20	\$0.00	\$24.05	\$21.46	(with L&H)	\$27.73	\$11.20	\$9.48	\$1.72
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3769</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.94	\$0.00	\$24.05	\$21.46		\$27.73	\$11.20	\$9.48	\$1.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.86	\$82.94	\$0.00	\$24.05	\$21.46		\$27.73	\$11.20	14.76 (FRV)	\$1.72
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	\$183.86	\$82.94	\$0.00	\$24.05	\$21.46	\$0.00	\$27.73	\$11.20	\$14.76	\$1.72
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5365</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.36	\$127.44	\$0.00	\$24.05	\$21.46	\$0.00	\$27.73	\$11.20	\$14.76	\$1.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.65	\$7.65								
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	\$29.47	\$11.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.83	\$138.81	\$0.00	\$24.27	\$21.87	\$0.00	\$45.20	\$11.20	\$14.76	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.55									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NORTHRIDGE 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: 00059331A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2696	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.52%	1.0%	Quarterly Medicaid PDPM:			1.2347	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.62	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2585	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,467,396	\$4,599,580	\$0	\$989,049	\$1,191,402	\$0	\$1,758,107		\$929,258	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$191,792)	\$0	\$0	\$0	\$0	\$0	(\$161,382)		(\$30,410)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$132,935		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,410
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,438,949	\$4,599,580	\$0	\$989,049	\$1,191,402	\$0	\$1,596,725	\$132,935	\$898,848	\$30,410
8	Total Nursing Facility Days As Filed Days = 39,952	FY22 Audited C/R Days	39,952									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,952	FY22 GL-PL Ins Rpt Days								39,952		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$236.27	\$115.13	\$0.00	\$24.76	\$29.82	(with L&H)	\$39.97	\$3.33	\$22.50	\$0.76
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2696</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.68								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$24.76	\$29.82		\$39.97	\$3.33	\$22.50	\$0.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.02	\$90.68	\$0.00	\$24.76	\$29.82		\$38.83	\$3.33	25.84 (FRV)	\$0.76
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	\$214.02	\$90.68	\$0.00	\$24.76	\$29.82	\$0.00	\$38.83	\$3.33	\$25.84	\$0.76
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2585</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.46	\$114.12	\$0.00	\$24.76	\$29.82	\$0.00	\$38.83	\$3.33	\$25.84	\$0.76
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.11	\$7.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.57	\$121.50	\$0.00	\$24.98	\$30.23	\$0.00	\$55.93	\$3.33	\$25.84	\$0.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.10									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE BELL MINOR HOME				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059397A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5382	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.21%	2.5%	Quarterly Medicaid PDPM:			1.6056	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.09	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6382	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM 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			
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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,198,167	\$3,760,159	\$0	\$514,310	\$526,382	\$0	\$1,380,723		\$2,016,593	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$355,867)	(\$22,161)	\$0	\$0	\$0	\$0	(\$269,054)		(\$64,652)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$269,054		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,652
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,176,006	\$3,737,998	\$0	\$514,310	\$526,382	\$0	\$1,111,669	\$269,054	\$1,951,941	\$64,652
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,855 As Filed Days = 31,855	FY22 Audited C/R Days FY22 GL-PL Ins Rpt Days	31,855						31,855		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$256.67	\$117.34	\$0.00	\$16.15	\$16.52	(with L&H)	\$34.90	\$8.45	\$61.28	\$2.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.5382								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$16.15	\$16.52		\$34.90	\$8.45	\$61.28	\$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.79	\$76.28	\$0.00	\$16.15	\$16.52		\$34.90	\$8.45	15.46 (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	\$169.79	\$76.28	\$0.00	\$16.15	\$16.52	\$0.00	\$34.90	\$8.45	\$15.46	\$2.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6382								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.47	\$124.96	\$0.00	\$16.15	\$16.52	\$0.00	\$34.90	\$8.45	\$15.46	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.50	\$2.50								
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	\$24.25	\$6.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.72	\$131.11	\$0.00	\$16.37	\$16.93	\$0.00	\$52.37	\$8.45	\$15.46	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.22									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: AZALEA HEALTH CENTER BY HARBORVIEW Prvdr ID: 00059441A H/B ? : NO PDPM Per Diem Rate Effective Date: 04/01/25 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A BIMS 28.3% Nurse Hours per On-Site Day/Quality Incentive: 3.27 Facility Score Add-on Percent 0.00% 1.0% 2.0% Case Mix Index (CMI) Data Base Period Overall PDPM: 1.4585 Quarterly Medicaid PDPM: 1.9304 Qtrly Mcaid PDPM w RUG Wght Options: 1.9702 Facility Specific 1.4585 1.9304 1.9702 State-wide 1.4040 1.4519 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021 Inflation (July 2022) @ 5.90% Patient Days Total Nursing Facility Days GL-PL Ins. Rpt Inflated NHC/ Patient Days Base Period Facility PDPM for all Residents Routine Services PDPM Adjusted Net Per Diem Net Per Diems After PDPM Adjustments Per Diem Standards Base Period PDPM Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-Ons Growth Allowance 0.00% PDPMA Allowed Per Diem After Growth Allowance Quarterly Facility PDPM for Medicaid Residents Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem Quarterly Medicaid PDPMA 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 Svcs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
		FY2021 C/R - FY 2021 GL-PL Rpt		3,346,661	1	566,567	1	2,912	1,046,039	7,131	1,124,349	48,398
				197,453	1	33,427	1	31,387	61,716			2,855
		FY 2021 Cost Rpt		25,933		25,933		25,933	25,933		25,933	25,933
		FY 21 GL-PL Ins Rpt Days								25,933		
				136.66		23.14		21.72	42.72	0.27	43.36	1.98
				1,4585								
				\$93.70								
			\$226.89	\$93.70		\$23.14	\$21.72		\$42.72	\$0.27	\$43.36	1.98
				\$117.25		\$36.63	\$33.22		\$38.83			
			\$195.25	\$93.70		\$23.14	\$21.72		\$38.83	\$0.27	15.60	1.98
											(FRV Rate)	
			\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
			\$195.24	\$93.70		\$23.14	\$21.72		\$38.83	\$0.27	\$15.60	\$1.98
				1,9702								
				\$184.61								
			\$286.15	\$184.61		\$23.14	\$21.72		\$38.83	\$0.27	\$15.60	\$1.98
			\$1.16	\$0.53		\$0.22	\$0.41		\$0.00			
			\$1.85	1.85								
			\$3.69	3.69								
			\$	17.10					\$	17.10		
			\$23.80									
	Quarterly PDPM Based Per Diem Rate		\$309.95	\$190.68		\$23.36	\$22.13		\$55.93	\$0.27	\$15.60	\$1.98
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$219.64										

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW DECATUR				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059452A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4523	1.4040
H/B ?: NO				Case Mix Per Diem Rate Effective Date: 04/01/25		41.7%	2.5%	Quarterly Medicaid PDPM:			1.8433	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.65	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.8806	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUGUSTA				<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: 00059463A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3708	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.71%	1.0%	Quarterly Medicaid PDPM:			1.5790	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.26	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6107	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,564,524	\$3,788,675	\$0	\$645,851	\$780,283	\$0	\$1,133,524		\$216,191	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$436,948)	(\$61,914)	\$0	\$0	\$0	\$40	(\$310,275)		(\$64,799)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$59,679
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,541,751	\$3,726,761	\$0	\$645,851	\$780,283	\$40	\$823,249	\$354,496	\$151,392	\$59,679
8	Total Nursing Facility Days As Filed Days = 30,907	FY22 Audited C/R Days	30,907									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,907	FY22 GL-PL Ins Rpt Days								30,907		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.67	\$120.58	\$0.00	\$20.90	\$25.25	(with L&H)	\$26.64	\$11.47	\$4.90	\$1.93
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3708</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.96	\$0.00	\$20.90	\$25.25		\$26.64	\$11.47	\$4.90	\$1.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$87.96	\$0.00	\$20.90	\$25.25		\$26.64	\$11.47	12.60 (FRV)	\$1.93
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	\$186.75	\$87.96	\$0.00	\$20.90	\$25.25	\$0.00	\$26.64	\$11.47	\$12.60	\$1.93
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6107</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.47	\$141.68	\$0.00	\$20.90	\$25.25	\$0.00	\$26.64	\$11.47	\$12.60	\$1.93
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.08	\$7.08								
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	\$27.13	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.60	\$150.71	\$0.00	\$21.12	\$25.66	\$0.00	\$44.11	\$11.47	\$12.60	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.88									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BOLINGREEN 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: 00059485A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3253	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.15%	2.5%	Quarterly Medicaid PDPM:			1.2530	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.49	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2779	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,324,051	\$3,532,989	\$0	\$666,912	\$704,350	\$0	\$1,306,093		\$113,707	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$90,357)	\$1,328	\$0	\$0	\$0	(\$1,328)	(\$80,132)		(\$10,225)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$94,380		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,225
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,338,299	\$3,534,317	\$0	\$666,912	\$704,350	(\$1,328)	\$1,225,961	\$94,380	\$103,482	\$10,225
8	Total Nursing Facility Days As Filed Days = 25,339	FY22 Audited C/R Days	25,339									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,339	FY22 GL-PL Ins Rpt Days								25,339		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.12	\$139.48	\$0.00	\$26.32	\$27.74	(with L&H)	\$48.38	\$3.72	\$4.08	\$0.40
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3253</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105.24	\$0.00	\$26.32	\$27.74		\$48.38	\$3.72	\$4.08	\$0.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.36	\$105.24	\$0.00	\$26.32	\$27.74		\$38.83	\$3.72	14.11 (FRV)	\$0.40
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	\$216.36	\$105.24	\$0.00	\$26.32	\$27.74	\$0.00	\$38.83	\$3.72	\$14.11	\$0.40
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2779</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.61	\$134.49	\$0.00	\$26.32	\$27.74	\$0.00	\$38.83	\$3.72	\$14.11	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.72	\$6.72								
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	\$28.34	\$10.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.95	\$145.10	\$0.00	\$26.54	\$28.15	\$0.00	\$55.93	\$3.72	\$14.11	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.64									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BROWN 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: 00059562A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4037	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.06%	2.5%	Quarterly Medicaid PDPM:			1.3760	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.67	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4036	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,351,884	\$3,277,375	\$0	\$646,414	\$826,352	\$0	\$1,323,062		\$278,681	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$161,735)	\$0	\$0	\$0	\$0	\$0	(\$136,205)		(\$25,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,530
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,293,679	\$3,277,375	\$0	\$646,414	\$826,352	\$0	\$1,186,857	\$78,000	\$253,151	\$25,530
8	Total Nursing Facility Days As Filed Days = 28,025	FY22 Audited C/R Days	28,025									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,025	FY22 GL-PL Ins Rpt Days								28,025		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.57	\$116.94	\$0.00	\$23.07	\$29.49	(with L&H)	\$42.35	\$2.78	\$9.03	\$0.91
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4037</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.31								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.31	\$0.00	\$23.07	\$29.49		\$42.35	\$2.78	\$9.03	\$0.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.81	\$83.31	\$0.00	\$23.07	\$29.49		\$38.83	\$2.78	21.42 (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	\$199.81	\$83.31	\$0.00	\$23.07	\$29.49	\$0.00	\$38.83	\$2.78	\$21.42	\$0.91
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4036</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.43	\$116.93	\$0.00	\$23.07	\$29.49	\$0.00	\$38.83	\$2.78	\$21.42	\$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)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.02	\$7.02								
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	\$28.20	\$10.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.63	\$127.40	\$0.00	\$23.29	\$29.90	\$0.00	\$55.93	\$2.78	\$21.42	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.40									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CARROLLTON NURSING & 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: 00059661A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2878	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.68%	1.0%	Quarterly Medicaid PDPM:			1.4543	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.11	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.4845	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,338,490	\$3,602,179	\$0	\$622,406	\$597,364	\$0	\$1,170,156		\$1,346,385	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$86,121)	(\$201,455)	\$0	(\$14,495)	\$0	\$12,922	\$176,403		(\$59,496)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$23,463		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,069
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,336,901	\$3,400,724	\$0	\$607,911	\$597,364	\$12,922	\$1,346,559	\$23,463	\$1,286,889	\$61,069
8	Total Nursing Facility Days As Filed Days = 29,988	FY22 Audited C/R Days	29,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,988	FY22 GL-PL Ins Rpt Days								29,988		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$244.65	\$113.40	\$0.00	\$20.27	\$20.35	(with L&H)	\$44.90	\$0.78	\$42.91	\$2.04
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2878</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.05								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$88.05	\$0.00	\$20.27	\$20.35		\$44.90	\$0.78	\$42.91	\$2.04
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.04	\$88.05	\$0.00	\$20.27	\$20.35		\$38.83	\$0.78	9.72 (FRV)	\$2.04
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	\$180.04	\$88.05	\$0.00	\$20.27	\$20.35	\$0.00	\$38.83	\$0.78	\$9.72	\$2.04
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4845</u>								
18	Qtrtly Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.71								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.70	\$130.71	\$0.00	\$20.27	\$20.35	\$0.00	\$38.83	\$0.78	\$9.72	\$2.04
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 = <u>1.0%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine SrvcS)	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	\$23.49	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.19	\$136.47	\$0.00	\$20.49	\$20.76	\$0.00	\$55.93	\$0.78	\$9.72	\$2.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.82									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHAPLINWOOD 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: 00059694A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3154	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.89%	1.0%	Quarterly Medicaid PDPM:			1.3353	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.46	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3617	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,735,125	\$3,337,194	\$0	\$620,104	\$732,777	\$0	\$1,212,807		\$832,243	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$165,085)	\$0	\$0	\$0	\$0	\$1,707	(\$136,227)		(\$30,565)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,565
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,678,605	\$3,337,194	\$0	\$620,104	\$732,777	\$1,707	\$1,076,580	\$78,000	\$801,678	\$30,565
8	Total Nursing Facility Days As Filed Days = 27,129	FY22 Audited C/R Days	27,129									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,129	FY22 GL-PL Ins Rpt Days								27,129		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$246.18	\$123.01	\$0.00	\$22.86	\$27.07	(with L&H)	\$39.68	\$2.88	\$29.55	\$1.13
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3154</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.52	\$0.00	\$22.86	\$27.07		\$39.68	\$2.88	\$29.55	\$1.13
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.26	\$93.52	\$0.00	\$22.86	\$27.07		\$38.83	\$2.88	12.97 (FRV)	\$1.13
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	\$199.26	\$93.52	\$0.00	\$22.86	\$27.07	\$0.00	\$38.83	\$2.88	\$12.97	\$1.13
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3617</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.09	\$127.35	\$0.00	\$22.86	\$27.07	\$0.00	\$38.83	\$2.88	\$12.97	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (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	\$25.90	\$8.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.99	\$135.52	\$0.00	\$23.08	\$27.48	\$0.00	\$55.93	\$2.88	\$12.97	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.42									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HAZELHURST COURT CARE 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: 00059705A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3007	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.67%	0.0%	Quarterly Medicaid PDPM:			1.4783	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.73	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5083	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,096,821	\$2,115,269	\$0	\$384,550	\$383,777	\$0	\$586,999		\$626,226	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$71,567)	(\$2,074)	\$0	\$0	(\$632)	(\$637)	(\$50,165)		(\$18,059)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$50,165		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,999
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,093,418	\$2,113,195	\$0	\$384,550	\$383,145	(\$637)	\$536,834	\$50,165	\$608,167	\$17,999
8	Total Nursing Facility Days As Filed Days = 21,942	FY22 Audited C/R Days	21,942									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,942	FY22 GL-PL Ins Rpt Days								21,942		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$186.57	\$96.31	\$0.00	\$17.53	\$17.43	(with L&H)	\$24.47	\$2.29	\$27.72	\$0.82
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3007</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.04	\$0.00	\$17.53	\$17.43		\$24.47	\$2.29	\$27.72	\$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.89	\$74.04	\$0.00	\$17.53	\$17.43		\$24.47	\$2.29	8.31 (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	\$144.89	\$74.04	\$0.00	\$17.53	\$17.43	\$0.00	\$24.47	\$2.29	\$8.31	\$0.82
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5083</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.52	\$111.67	\$0.00	\$17.53	\$17.43	\$0.00	\$24.47	\$2.29	\$8.31	\$0.82
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$204.50	\$115.55	\$0.00	\$17.75	\$17.84	\$0.00	\$41.94	\$2.29	\$8.31	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.55									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SOUTHWELL HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00059826A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.4154	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	38.33%	2.5%	Quarterly Medicaid PDPM:			1.2447	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.88	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2690	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,654,507	\$4,383,042	\$0	\$1,047,167	\$257,472	\$481,185	\$266,834		\$1,218,807	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$16,218)	\$0	\$0	\$0	\$0	\$0	(\$8,819)		(\$7,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$8,819		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,399
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,654,507	\$4,383,042	\$0	\$1,047,167	\$257,472	\$481,185	\$258,015	\$8,819	\$1,211,408	\$7,399
8	Total Nursing Facility Days As Filed Days = 33,746	FY22 Audited C/R Days	33,746									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY22 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.83	\$129.88	\$0.00	\$31.03	\$21.89	(with L&H)	\$7.65	\$0.26	\$35.90	\$0.22
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4154</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.76	\$0.00	\$31.03	\$21.89		\$7.65	\$0.26	\$35.90	\$0.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.16	\$91.76	\$0.00	\$31.03	\$21.89		\$7.65	\$0.26	27.35 (FRV)	\$0.22
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	\$180.16	\$91.76	\$0.00	\$31.03	\$21.89	\$0.00	\$7.65	\$0.26	\$27.35	\$0.22
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2690</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.84	\$116.44	\$0.00	\$31.03	\$21.89	\$0.00	\$7.65	\$0.26	\$27.35	\$0.22
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.49	\$3.49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$6.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$229.87	\$123.37	\$0.00	\$31.25	\$22.30	\$0.00	\$25.12	\$0.26	\$27.35	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.58									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4599	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.09%	0.0%	Quarterly Medicaid PDPM:			1.3991	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.82	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4272	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,515,764	\$3,666,950	\$0	\$608,446	\$235,753	\$315,088	\$1,155,777		\$533,750	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$123,616)	\$1,275	\$0	\$0	(\$29,140)	\$29,140	(\$114,649)		(\$10,242)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$103,474		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,242
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,505,864	\$3,668,225	\$0	\$608,446	\$206,613	\$344,228	\$1,041,128	\$103,474	\$523,508	\$10,242
8	Total Nursing Facility Days As Filed Days = 19,916	FY22 Audited C/R Days	19,916									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,916	FY22 GL-PL Ins Rpt Days								19,916		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$326.67	\$184.18	\$0.00	\$30.55	\$27.66	(with L&H)	\$52.28	\$5.20	\$26.29	\$0.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4599</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$126.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$126.16	\$0.00	\$30.55	\$27.66		\$52.28	\$5.20	\$26.29	\$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.67	\$117.25	\$0.00	\$30.55	\$27.66		\$38.83	\$5.20	10.67 (FRV)	\$0.51
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	\$230.67	\$117.25	\$0.00	\$30.55	\$27.66	\$0.00	\$38.83	\$5.20	\$10.67	\$0.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4272</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$167.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.76	\$167.34	\$0.00	\$30.55	\$27.66	\$0.00	\$38.83	\$5.20	\$10.67	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.75	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$303.51	\$172.36	\$0.00	\$30.77	\$28.07	\$0.00	\$55.93	\$5.20	\$10.67	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.81									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: DUBLINAIR 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: 00059947A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4080	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.91%	2.5%	Quarterly Medicaid PDPM:			1.5854	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.74	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6171	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,365,481	\$3,226,947	\$0	\$721,140	\$606,829	\$0	\$1,045,412		\$765,153	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$129,885)	\$0	\$0	\$0	\$0	\$0	(\$69,084)		(\$60,801)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$60,801
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,296,397	\$3,226,947	\$0	\$721,140	\$606,829	\$0	\$976,328	\$0	\$704,352	\$60,801
8	Total Nursing Facility Days As Filed Days = 30,804	FY22 Audited C/R Days	30,804									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,804	FY22 GL-PL Ins Rpt Days								30,804		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.40	\$104.76	\$0.00	\$23.41	\$19.70	(with L&H)	\$31.69	\$0.00	\$22.87	\$1.97
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4080</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$23.41	\$19.70		\$31.69	\$0.00	\$22.87	\$1.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.54	\$74.40	\$0.00	\$23.41	\$19.70		\$31.69	\$0.00	10.37 (FRV)	\$1.97
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	\$161.54	\$74.40	\$0.00	\$23.41	\$19.70	\$0.00	\$31.69	\$0.00	\$10.37	\$1.97
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6171</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.31								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.45	\$120.31	\$0.00	\$23.41	\$19.70	\$0.00	\$31.69	\$0.00	\$10.37	\$1.97
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$25.25	\$7.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.70	\$127.46	\$0.00	\$23.63	\$20.11	\$0.00	\$49.16	\$0.00	\$10.37	\$1.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIVER TOWNE 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: 00082684A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.8815	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.82%	1.0%	Quarterly Medicaid PDPM:			2.1440	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.15	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			2.1891	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,346,549	\$5,763,353	\$0	\$701,195	\$634,768	\$0	\$1,651,491		\$1,595,742	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$319,414)	(\$100,721)	\$0	\$0	(\$2,258)	(\$2,162)	(\$140,874)		(\$73,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$235,958		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$72,889
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,335,982	\$5,662,632	\$0	\$701,195	\$632,510	(\$2,162)	\$1,510,617	\$235,958	\$1,522,343	\$72,889
8	Total Nursing Facility Days As Filed Days = 43,579	FY22 Audited C/R Days	43,579									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,579	FY22 GL-PL Ins Rpt Days								43,579		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$237.16	\$129.94	\$0.00	\$16.09	\$14.46	(with L&H)	\$34.66	\$5.41	\$34.93	\$1.67
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.8815</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.06								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.06	\$0.00	\$16.09	\$14.46		\$34.66	\$5.41	\$34.93	\$1.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.55	\$69.06	\$0.00	\$16.09	\$14.46		\$34.66	\$5.41	9.20 (FRV)	\$1.67
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	\$150.55	\$69.06	\$0.00	\$16.09	\$14.46	\$0.00	\$34.66	\$5.41	\$9.20	\$1.67
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>2.1891</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$151.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.67	\$151.18	\$0.00	\$16.09	\$14.46	\$0.00	\$34.66	\$5.41	\$9.20	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$24.68	\$6.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.35	\$157.76	\$0.00	\$16.31	\$14.87	\$0.00	\$52.13	\$5.41	\$9.20	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.19									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HEARDMONT 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: 00082981A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2645	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		13.64%	0.0%	Quarterly Medicaid PDPM:			1.6805	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.10	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7152	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,195,555	\$1,737,178	\$0	\$360,763	\$369,454	\$0	\$597,765		\$130,395	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$54,183)	\$0	\$0	\$0	\$0	\$0	(\$37,404)		(\$16,779)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,779
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,158,151	\$1,737,178	\$0	\$360,763	\$369,454	\$0	\$560,361	\$0	\$113,616	\$16,779
8	Total Nursing Facility Days As Filed Days = 16,936	FY22 Audited C/R Days	16,936									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,936	FY22 GL-PL Ins Rpt Days								16,936		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$186.47	\$102.57	\$0.00	\$21.30	\$21.81	(with L&H)	\$33.09	\$0.00	\$6.71	\$0.99
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2645</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.11	\$0.00	\$21.30	\$21.81		\$33.09	\$0.00	\$6.71	\$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$81.11	\$0.00	\$21.30	\$21.81		\$33.09	\$0.00	10.08 (FRV)	\$0.99
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	\$168.38	\$81.11	\$0.00	\$21.30	\$21.81	\$0.00	\$33.09	\$0.00	\$10.08	\$0.99
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7152</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.39	\$139.12	\$0.00	\$21.30	\$21.81	\$0.00	\$33.09	\$0.00	\$10.08	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$21.41	\$3.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.80	\$142.43	\$0.00	\$21.52	\$22.22	\$0.00	\$50.56	\$0.00	\$10.08	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.03									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: AUTUMN LANE 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: 00082992A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2546	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.53%	1.0%	Quarterly Medicaid PDPM:			1.3159	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.76	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3429	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,517,542	\$3,169,373	\$0	\$633,367	\$738,895	\$0	\$1,364,141		\$1,611,766	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$342,464)	(\$1,339)	\$0	(\$601)	(\$19,871)	\$1,574	(\$120,312)		(\$201,915)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,300		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$201,915
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,443,293	\$3,168,034	\$0	\$632,766	\$719,024	\$1,574	\$1,243,829	\$66,300	\$1,409,851	\$201,915
8	Total Nursing Facility Days As Filed Days = 27,880	FY22 Audited C/R Days	27,762									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,880	FY22 GL-PL Ins Rpt Days								27,762		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$268.10	\$114.11	\$0.00	\$22.79	\$25.96	(with L&H)	\$44.80	\$2.39	\$50.78	\$7.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2546</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.95	\$0.00	\$22.79	\$25.96		\$44.80	\$2.39	\$50.78	\$7.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.42	\$90.95	\$0.00	\$22.79	\$25.96		\$38.83	\$2.39	36.23 (FRV)	\$7.27
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	\$224.42	\$90.95	\$0.00	\$22.79	\$25.96	\$0.00	\$38.83	\$2.39	\$36.23	\$7.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3429</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.61	\$122.14	\$0.00	\$22.79	\$25.96	\$0.00	\$38.83	\$2.39	\$36.23	\$7.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.59	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$281.20	\$130.00	\$0.00	\$23.01	\$26.37	\$0.00	\$55.93	\$2.39	\$36.23	\$7.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.08									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TOWER ROAD POST ACUTE, 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: 00083003A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5081	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.89%	1.0%	Quarterly Medicaid PDPM:			1.5722	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.08	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6041	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,985,712	\$7,059,844	\$0	\$766,055	\$861,747	\$0	\$1,548,333		\$2,749,733	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$84,251)	(\$60,948)	\$0	\$0	\$3,268	\$4,338	\$51,937		(\$82,846)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$65,842		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$84,164
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,051,467	\$6,998,896	\$0	\$766,055	\$865,015	\$4,338	\$1,600,270	\$65,842	\$2,666,887	\$84,164
8	Total Nursing Facility Days As Filed Days = 40,999	FY22 Audited C/R Days	40,999									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,999	FY22 GL-PL Ins Rpt Days								40,999		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$318.33	\$170.71	\$0.00	\$18.68	\$21.20	(with L&H)	\$39.03	\$1.61	\$65.05	\$2.05
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5081</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.19								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$113.19	\$0.00	\$18.68	\$21.20		\$39.03	\$1.61	\$65.05	\$2.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.58	\$113.19	\$0.00	\$18.68	\$21.20		\$38.83	\$1.61	12.02 (FRV)	\$2.05
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	\$207.58	\$113.19	\$0.00	\$18.68	\$21.20	\$0.00	\$38.83	\$1.61	\$12.02	\$2.05
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6041</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$181.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.96	\$181.57	\$0.00	\$18.68	\$21.20	\$0.00	\$38.83	\$1.61	\$12.02	\$2.05
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.82	\$1.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.45	\$5.45								
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	\$25.53	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$301.49	\$189.37	\$0.00	\$18.90	\$21.61	\$0.00	\$55.93	\$1.61	\$12.02	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$213.29									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GREEN ACRES 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: 00083014A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3568	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.22%	1.0%	Quarterly Medicaid PDPM:			1.2643	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.79	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2888	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,703,936	\$3,435,460	\$0	\$615,296	\$639,801	\$0	\$1,236,649		\$776,730	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$136,213)	\$0	\$0	\$0	\$0	\$1,441	(\$105,304)		(\$32,350)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,440		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,350
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,676,513	\$3,435,460	\$0	\$615,296	\$639,801	\$1,441	\$1,131,345	\$76,440	\$744,380	\$32,350
8	Total Nursing Facility Days As Filed Days = 25,629	FY22 Audited C/R Days	25,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,629	FY22 GL-PL Ins Rpt Days								25,699		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.79	\$133.68	\$0.00	\$23.94	\$24.95	(with L&H)	\$44.02	\$2.97	\$28.97	\$1.26
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3568</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.53	\$0.00	\$23.94	\$24.95		\$44.02	\$2.97	\$28.97	\$1.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.02	\$98.53	\$0.00	\$23.94	\$24.95		\$38.83	\$2.97	12.54 (FRV)	\$1.26
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	\$203.02	\$98.53	\$0.00	\$23.94	\$24.95	\$0.00	\$38.83	\$2.97	\$12.54	\$1.26
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2888</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.48	\$126.99	\$0.00	\$23.94	\$24.95	\$0.00	\$38.83	\$2.97	\$12.54	\$1.26
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.35	\$6.35								
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	\$25.88	\$8.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.36	\$135.14	\$0.00	\$24.16	\$25.36	\$0.00	\$55.93	\$2.97	\$12.54	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.20									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ABERCORN 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: 00083025A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3093	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.03%	0.0%	Quarterly Medicaid PDPM:			1.2351	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.65	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2592	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,363,293	\$2,958,572	\$0	\$454,276	\$506,021	\$0	\$1,088,123		\$1,356,301	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$298,990)	\$0	\$0	\$0	\$0	\$0	(\$217,687)		(\$81,303)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$217,687		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$81,303
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,363,293	\$2,958,572	\$0	\$454,276	\$506,021	\$0	\$870,436	\$217,687	\$1,274,998	\$81,303
8	Total Nursing Facility Days As Filed Days = 28,972	FY22 Audited C/R Days	28,972									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,972	FY22 GL-PL Ins Rpt Days								28,972		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.64	\$102.12	\$0.00	\$15.68	\$17.47	(with L&H)	\$30.04	\$7.51	\$44.01	\$2.81
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3093</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.99								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.99	\$0.00	\$15.68	\$17.47		\$30.04	\$7.51	\$44.01	\$2.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.26	\$77.99	\$0.00	\$15.68	\$17.47		\$30.04	\$7.51	12.76 (FRV)	\$2.81
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	\$164.26	\$77.99	\$0.00	\$15.68	\$17.47	\$0.00	\$30.04	\$7.51	\$12.76	\$2.81
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2592</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$98.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.48	\$98.21	\$0.00	\$15.68	\$17.47	\$0.00	\$30.04	\$7.51	\$12.76	\$2.81
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 = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$22.56	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$207.04	\$102.67	\$0.00	\$15.90	\$17.88	\$0.00	\$47.51	\$7.51	\$12.76	\$2.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.46									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3026	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		41.67%	2.5%	Quarterly Medicaid PDPM:			1.3004	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.45	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3271	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,548,928	\$2,535,592	\$0	\$573,329	\$690,347	\$0	\$1,037,768		\$711,892	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$167,806)	\$0	\$0	(\$54,000)	\$0	\$0	(\$77,964)		(\$35,842)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,060		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,842
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,477,024	\$2,535,592	\$0	\$519,329	\$690,347	\$0	\$959,804	\$60,060	\$676,050	\$35,842
8	Total Nursing Facility Days As Filed Days = 21,246	FY22 Audited C/R Days	21,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,246	FY22 GL-PL Ins Rpt Days								21,246		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.79	\$119.34	\$0.00	\$24.44	\$32.49	(with L&H)	\$45.18	\$2.83	\$31.82	\$1.69
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3026</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.62	\$0.00	\$24.44	\$32.49		\$45.18	\$2.83	\$31.82	\$1.69
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$91.62	\$0.00	\$24.44	\$32.49		\$38.83	\$2.83	15.01 (FRV)	\$1.69
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	\$206.91	\$91.62	\$0.00	\$24.44	\$32.49	\$0.00	\$38.83	\$2.83	\$15.01	\$1.69
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3271</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.88	\$121.59	\$0.00	\$24.44	\$32.49	\$0.00	\$38.83	\$2.83	\$15.01	\$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)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.08	\$6.08								
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	\$27.38	\$9.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.26	\$131.24	\$0.00	\$24.66	\$32.90	\$0.00	\$55.93	\$2.83	\$15.01	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.37									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST				<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: 00083047A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6177	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.11%	1.0%	Quarterly Medicaid PDPM:			1.4484	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.02	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4776	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,665,451	\$4,333,583	\$0	\$995,214	\$883,940	\$0	\$1,879,270		\$573,444	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$392,608)	\$0	\$0	\$0	\$0	\$0	(\$352,623)		(\$39,985)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$352,623		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,985
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,665,451	\$4,333,583	\$0	\$995,214	\$883,940	\$0	\$1,526,647	\$352,623	\$533,459	\$39,985
8	Total Nursing Facility Days As Filed Days = 32,709	FY22 Audited C/R Days	32,709									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,709	FY22 GL-PL Ins Rpt Days								32,709		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$264.92	\$132.49	\$0.00	\$30.43	\$27.02	(with L&H)	\$46.67	\$10.78	\$16.31	\$1.22
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6177</u>								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$81.90	\$0.00	\$30.43	\$27.02		\$46.67	\$10.78	\$16.31	\$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.16	\$81.90	\$0.00	\$30.35	\$27.02		\$38.83	\$10.78	12.06 (FRV)	\$1.22
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	\$202.16	\$81.90	\$0.00	\$30.35	\$27.02	\$0.00	\$38.83	\$10.78	\$12.06	\$1.22
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4776</u>								
18	Qtrtrly Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.28	\$121.02	\$0.00	\$30.35	\$27.02	\$0.00	\$38.83	\$10.78	\$12.06	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$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	\$1.21	\$1.21								
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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.67	\$4.16	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.95	\$125.18	\$0.00	\$30.35	\$27.43	\$0.00	\$55.93	\$10.78	\$12.06	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.39									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.8412	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.53%	1.0%	Quarterly Medicaid PDPM:			1.7543	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.68	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7912	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,215,000	\$6,396,042	\$0	\$1,049,121	\$947,353	\$0	\$2,420,062		\$1,402,422	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$559,821)	(\$351,157)	\$0	\$326	(\$8,529)	(\$15,517)	(\$62,386)		(\$122,558)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$147,884		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$120,210
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,923,273	\$6,044,885	\$0	\$1,049,447	\$938,824	(\$15,517)	\$2,357,676	\$147,884	\$1,279,864	\$120,210
8	Total Nursing Facility Days As Filed Days = 38,146	FY22 Audited C/R Days	38,146									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,146	FY22 GL-PL Ins Rpt Days								38,146		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$312.57	\$158.47	\$0.00	\$27.51	\$24.20	(with L&H)	\$61.81	\$3.88	\$33.55	\$3.15
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.8412</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.07								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$86.07	\$0.00	\$27.51	\$24.20		\$61.81	\$3.88	\$33.55	\$3.15
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.59	\$86.07	\$0.00	\$27.51	\$24.20		\$38.83	\$3.88	26.95 (FRV)	\$3.15
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	\$210.59	\$86.07	\$0.00	\$27.51	\$24.20	\$0.00	\$38.83	\$3.88	\$26.95	\$3.15
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7912</u>								
18	Qtrtry Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.69	\$154.17	\$0.00	\$27.51	\$24.20	\$0.00	\$38.83	\$3.88	\$26.95	\$3.15
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$7.71	\$7.71								
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	\$27.51	\$9.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$306.20	\$163.95	\$0.00	\$27.73	\$24.61	\$0.00	\$55.93	\$3.88	\$26.95	\$3.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.83									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST				<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: 00083124A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5925	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.78%	2.5%	Quarterly Medicaid PDPM:			1.6147	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.87	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.6480	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,394,325	\$3,835,734	\$0	\$826,721	\$740,508	\$0	\$1,509,017		\$482,345	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$352,825)	(\$70,154)	\$0	\$0	\$4,814	\$5,656	(\$249,901)		(\$43,240)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$278,742		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,836
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,352,078	\$3,765,580	\$0	\$826,721	\$745,322	\$5,656	\$1,259,116	\$278,742	\$439,105	\$31,836
8	Total Nursing Facility Days As Filed Days = 32,835	FY22 Audited C/R Days	32,675									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,835	FY22 GL-PL Ins Rpt Days								32,675		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.99	\$115.24	\$0.00	\$25.30	\$22.98	(with L&H)	\$38.53	\$8.53	\$13.44	\$0.97
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5925</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.36	\$0.00	\$25.30	\$22.98		\$38.53	\$8.53	\$13.44	\$0.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$72.36	\$0.00	\$25.30	\$22.98		\$38.53	\$8.53	12.98 (FRV)	\$0.97
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	\$72.36	\$0.00	\$25.30	\$22.98	\$0.00	\$38.53	\$8.53	\$12.98	\$0.97
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6480</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.54	\$119.25	\$0.00	\$25.30	\$22.98	\$0.00	\$38.53	\$8.53	\$12.98	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.04	\$7.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.58	\$126.34	\$0.00	\$25.52	\$23.39	\$0.00	\$55.85	\$8.53	\$12.98	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.36									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NHC HEALTHCARE ROSSVILLE				<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: 00083146A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3129	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.92%	0.0%	Quarterly Medicaid PDPM:			1.3809	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.60	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4097	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,674,363	\$4,691,170	\$0	\$761,539	\$651,989	\$0	\$1,281,702		\$287,963	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$230,449)	(\$6,914)	\$0	\$0	(\$2,516)	(\$2,782)	(\$172,560)		(\$45,677)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,306
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,489,220	\$4,684,256	\$0	\$761,539	\$649,473	(\$2,782)	\$1,109,142	\$0	\$242,286	\$45,306
8	Total Nursing Facility Days As Filed Days = 34,395	FY22 Audited C/R Days	34,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,395	FY22 GL-PL Ins Rpt Days								34,395		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.74	\$136.19	\$0.00	\$22.14	\$18.80	(with L&H)	\$32.25	\$0.00	\$7.04	\$1.32
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3129</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$103.73								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.73	\$0.00	\$22.14	\$18.80		\$32.25	\$0.00	\$7.04	\$1.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.23	\$103.73	\$0.00	\$22.14	\$18.80		\$32.25	\$0.00	11.99 (FRV)	\$1.32
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	\$190.23	\$103.73	\$0.00	\$22.14	\$18.80	\$0.00	\$32.25	\$0.00	\$11.99	\$1.32
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4097</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$146.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.73	\$146.23	\$0.00	\$22.14	\$18.80	\$0.00	\$32.25	\$0.00	\$11.99	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.75	\$151.15	\$0.00	\$22.36	\$19.21	\$0.00	\$49.72	\$0.00	\$11.99	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.99									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SAVANNAH POST ACUTE 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: 00083157A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4383	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.64%	2.5%	Quarterly Medicaid PDPM:			1.7554	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.35	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7905	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,261,771	\$4,854,239	\$0	\$661,037	\$591,070	\$0	\$1,953,016		\$202,409	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$540,723)	(\$24,695)	\$0	\$0	\$1,631	\$2,247	(\$462,928)		(\$56,978)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$436,307		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,352
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,214,707	\$4,829,544	\$0	\$661,037	\$592,701	\$2,247	\$1,490,088	\$436,307	\$145,431	\$57,352
8	Total Nursing Facility Days As Filed Days = 38,235	FY22 Audited C/R Days	38,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,235	FY22 GL-PL Ins Rpt Days								38,235		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.84	\$126.31	\$0.00	\$17.29	\$15.56	(with L&H)	\$38.97	\$11.41	\$3.80	\$1.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4383</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.82	\$0.00	\$17.29	\$15.56		\$38.97	\$11.41	\$3.80	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.15	\$87.82	\$0.00	\$17.29	\$15.56		\$38.83	\$11.41	11.74 (FRV)	\$1.50
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	\$184.15	\$87.82	\$0.00	\$17.29	\$15.56	\$0.00	\$38.83	\$11.41	\$11.74	\$1.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7905</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.57	\$157.24	\$0.00	\$17.29	\$15.56	\$0.00	\$38.83	\$11.41	\$11.74	\$1.50
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.93	\$3.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (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	\$28.48	\$10.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$282.05	\$167.99	\$0.00	\$17.51	\$15.97	\$0.00	\$55.93	\$11.41	\$11.74	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.71									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MUSCOGEE MANOR & REHABILITATION 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: 00083223A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4286	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		42.11%	2.5%	Quarterly Medicaid PDPM:			1.4906	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.13	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5198	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,479,530	\$7,421,408	\$0	\$978,308	\$1,437,113	\$0	\$1,473,124		\$169,577	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$320,358)	\$0	\$0	\$0	\$0	\$0	(\$288,458)		(\$31,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$288,458		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,900
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,479,530	\$7,421,408	\$0	\$978,308	\$1,437,113	\$0	\$1,184,666	\$288,458	\$137,677	\$31,900
8	Total Nursing Facility Days As Filed Days = 38,758	FY22 Audited C/R Days	38,758									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,758	FY22 GL-PL Ins Rpt Days								38,758		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$296.18	\$191.48	\$0.00	\$25.24	\$37.08	(with L&H)	\$30.57	\$7.44	\$3.55	\$0.82
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4286</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$134.03	\$0.00	\$25.24	\$37.08		\$30.57	\$7.44	\$3.55	\$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.79	\$117.25	\$0.00	\$25.24	\$33.22		\$30.57	\$7.44	22.25 (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	\$236.79	\$117.25	\$0.00	\$25.24	\$33.22	\$0.00	\$30.57	\$7.44	\$22.25	\$0.82
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5198</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$178.20								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.74	\$178.20	\$0.00	\$25.24	\$33.22	\$0.00	\$30.57	\$7.44	\$22.25	\$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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.46	\$4.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.13	\$7.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.28	\$11.59	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$327.02	\$189.79	\$0.00	\$25.46	\$33.22	\$0.00	\$48.04	\$7.44	\$22.25	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$232.44									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TUCKER OPERATING COMPANY 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: 00083267A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4215	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.87%	1.0%	Quarterly Medicaid PDPM:			1.7041	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.82	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7397	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,224,078	\$3,950,814	\$0	\$569,257	\$673,309	\$0	\$1,444,741		\$585,957	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$260,304)	\$245	\$0	\$0	\$0	\$2,732	(\$172,197)		(\$91,084)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$166,574		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$91,033
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,221,381	\$3,951,059	\$0	\$569,257	\$673,309	\$2,732	\$1,272,544	\$166,574	\$494,873	\$91,033
8	Total Nursing Facility Days As Filed Days = 33,601	FY22 Audited C/R Days	33,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,601	FY22 GL-PL Ins Rpt Days								33,601		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.92	\$117.59	\$0.00	\$16.94	\$20.12	(with L&H)	\$37.87	\$4.96	\$14.73	\$2.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4215</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.72	\$0.00	\$16.94	\$20.12		\$37.87	\$4.96	\$14.73	\$2.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.05	\$82.72	\$0.00	\$16.94	\$20.12		\$37.87	\$4.96	12.73 (FRV)	\$2.71
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	\$178.05	\$82.72	\$0.00	\$16.94	\$20.12	\$0.00	\$37.87	\$4.96	\$12.73	\$2.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7397</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.91								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.24	\$143.91	\$0.00	\$16.94	\$20.12	\$0.00	\$37.87	\$4.96	\$12.73	\$2.71
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (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	\$27.27	\$9.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.51	\$153.08	\$0.00	\$17.16	\$20.53	\$0.00	\$55.34	\$4.96	\$12.73	\$2.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.06									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.6977	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		61.67%	5.5%	Quarterly Medicaid PDPM:			1.7948	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.51	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.8297	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,489,067	\$2,452,231	\$0	\$575,470	\$612,512	\$0	\$793,887		\$54,967	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$172,595)	\$0	\$0	\$0	\$698	\$915	(\$130,159)		(\$44,049)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,126		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$44,165
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,477,763	\$2,452,231	\$0	\$575,470	\$613,210	\$915	\$663,728	\$117,126	\$10,918	\$44,165
8	Total Nursing Facility Days As Filed Days = 21,843	FY22 Audited C/R Days	21,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,843	FY22 GL-PL Ins Rpt Days								21,843		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.01	\$112.27	\$0.00	\$26.35	\$28.12	(with L&H)	\$30.39	\$5.36	\$0.50	\$2.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6977</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.13	\$0.00	\$26.35	\$28.12		\$30.39	\$5.36	\$0.50	\$2.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.54	\$66.13	\$0.00	\$26.35	\$28.12		\$30.39	\$5.36	13.17 (FRV)	\$2.02
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	\$171.54	\$66.13	\$0.00	\$26.35	\$28.12	\$0.00	\$30.39	\$5.36	\$13.17	\$2.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.8297</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.00								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.41	\$121.00	\$0.00	\$26.35	\$28.12	\$0.00	\$30.39	\$5.36	\$13.17	\$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 = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.66	\$6.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05								
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	\$31.34	\$13.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.75	\$134.24	\$0.00	\$26.57	\$28.53	\$0.00	\$47.86	\$5.36	\$13.17	\$2.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIVERDALE CENTER FOR NURSING AND HEALING				<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: 00083289A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4628	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		38.00%	2.5%	Quarterly Medicaid PDPM:			1.6138	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.54	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6464	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,295,763	\$5,208,722	\$0	\$955,632	\$963,234	\$0	\$1,643,427		\$1,524,748	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$388,882)	(\$90,631)	\$0	\$0	\$2,689	\$3,663	(\$155,560)		(\$149,043)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$246,191		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$150,025
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,303,097	\$5,118,091	\$0	\$955,632	\$965,923	\$3,663	\$1,487,867	\$246,191	\$1,375,705	\$150,025
8	Total Nursing Facility Days As Filed Days = 50,025	FY22 Audited C/R Days	50,025									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,025	FY22 GL-PL Ins Rpt Days								50,025		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.95	\$102.31	\$0.00	\$19.10	\$19.38	(with L&H)	\$29.74	\$4.92	\$27.50	\$3.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4628</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.94	\$0.00	\$19.10	\$19.38		\$29.74	\$4.92	\$27.50	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.41	\$69.94	\$0.00	\$19.10	\$19.38		\$29.74	\$4.92	11.33 (FRV)	\$3.00
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	\$157.41	\$69.94	\$0.00	\$19.10	\$19.38	\$0.00	\$29.74	\$4.92	\$11.33	\$3.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6464</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.62	\$115.15	\$0.00	\$19.10	\$19.38	\$0.00	\$29.74	\$4.92	\$11.33	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
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	\$24.96	\$6.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$227.58	\$122.01	\$0.00	\$19.32	\$19.79	\$0.00	\$47.21	\$4.92	\$11.33	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.86									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW THOMASVILLE Prvdr ID: 00083311A H/B ?: NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 35.4% Nurse Hours per On-Site Day/Quality Incentive: 3.14		Facility Score Add-on Percent 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.2950 Quarterly Medicaid PDPM: 1.8425 Qtrly Mcaid PDPM w RUG Wght Options: 1.8794				Facility Specific 1.2950 1.8425 1.8794	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021			FY2021 C/R -FY 2021 GL-PL Rpt	2,436,717		462,651	399,456	3,038	860,140	43,107	484,378	22,227
Inflation (July 2022) @ 5.90%				143,766		27,296	23,747		50,748			1,311
Patient Days			FY 2021 Cost Rpt	19,399		19,399	19,399		19,399	19,399	19,399	19,399
Total Nursing Facility Days GL-PL Ins. Rpt			FY 21 GL-PL Ins Rpt Days									
Inflated NHC/ Patient Days				133.02		25.26	21.97		46.96	2.22	24.97	1.21
Base Period Facility PDPM for all Residents				1.2950								
Routine Services PDPM Adjusted Net Per Diem				\$102.72								
Net Per Diems After PDPM Adjustments				\$225.30	\$102.72	\$25.26	\$21.97		\$46.96	\$2.22	\$24.97	1.21
Per Diem Standards					\$117.25	\$30.35	\$33.22		\$38.83			
Base Period PDPM Adjusted Allowed Per Diem				\$205.53	\$102.72	\$25.26	\$21.97		\$38.83	\$2.22	13.32	1.21
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
PDPMA Allowed Per Diem After Growth Allowance				\$205.54	\$102.72	\$25.26	\$21.97		\$38.83	\$2.22	\$13.32	\$1.21
Quarterly Facility PDPM for Medicaid Residents					1.8794							
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$193.05							
Quarterly Medicaid PDPMA Allowed Per Diem				\$295.87	\$193.05	\$25.26	\$21.97		\$38.83	\$2.22	\$13.32	\$1.21
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.16	\$0.53	\$0.22	\$0.41		\$0.00			
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.83	4.83							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$5.79	5.79							
Nursing Home Provider Fee				\$ 17.10					\$ 17.10			
Total Quarterly Per Diem Add-On Amounts				\$28.88								
Quarterly PDPM Based Per Diem Rate				\$324.75	\$204.20	\$25.48	\$22.38		\$55.93	\$2.22	\$13.32	\$1.21
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$230.74									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE A.G. RHODES 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: 00140005A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4283	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.83%	5.5%	Quarterly Medicaid PDPM:			1.5875	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.80	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6196	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,193,741	\$6,727,189	\$0	\$1,209,108	\$1,510,910	\$0	\$2,402,435		\$344,099	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$296,600)	\$0	\$0	\$0	\$3,501	\$5,171	(\$233,696)		(\$71,576)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$254,393		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$71,986
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,223,520	\$6,727,189	\$0	\$1,209,108	\$1,514,411	\$5,171	\$2,168,739	\$254,393	\$272,523	\$71,986
8	Total Nursing Facility Days As Filed Days = 39,935	FY22 Audited C/R Days	39,935									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,935	FY22 GL-PL Ins Rpt Days								39,935		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$306.08	\$168.45	\$0.00	\$30.28	\$38.05	(with L&H)	\$54.31	\$6.37	\$6.82	\$1.80
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4283</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$117.94	\$0.00	\$30.28	\$38.05		\$54.31	\$6.37	\$6.82	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$249.50	\$117.25	\$0.00	\$30.28	\$33.22		\$38.83	\$6.37	21.75 (FRV)	\$1.80
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	\$249.50	\$117.25	\$0.00	\$30.28	\$33.22	\$0.00	\$38.83	\$6.37	\$21.75	\$1.80
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6196</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$189.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$322.15	\$189.90	\$0.00	\$30.28	\$33.22	\$0.00	\$38.83	\$6.37	\$21.75	\$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)	\$0.05	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$10.44	\$10.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.60	\$7.60								
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	\$35.19	\$18.04	\$0.00	\$0.05	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$357.34	\$207.94	\$0.00	\$30.33	\$33.22	\$0.00	\$55.93	\$6.37	\$21.75	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$255.18									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ALTAMAHA 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: 00140027A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2723	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.83%	1.0%	Quarterly Medicaid PDPM:			1.5671	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.88	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5992	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,709,129	\$1,851,927	\$0	\$359,023	\$372,278	\$0	\$712,289		\$413,612	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$216,789)	(\$3,840)	\$0	\$0	\$1,659	\$1,856	(\$187,087)		(\$29,377)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$42,607		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,654
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,564,601	\$1,848,087	\$0	\$359,023	\$373,937	\$1,856	\$525,202	\$42,607	\$384,235	\$29,654
8	Total Nursing Facility Days As Filed Days = 19,739	FY22 Audited C/R Days	19,739									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,739	FY22 GL-PL Ins Rpt Days								19,739		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.60	\$93.63	\$0.00	\$18.19	\$19.04	(with L&H)	\$26.61	\$2.16	\$19.47	\$1.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2723</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.59	\$0.00	\$18.19	\$19.04		\$26.61	\$2.16	\$19.47	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.18	\$73.59	\$0.00	\$18.19	\$19.04		\$26.61	\$2.16	10.09 (FRV)	\$1.50
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	\$151.18	\$73.59	\$0.00	\$18.19	\$19.04	\$0.00	\$26.61	\$2.16	\$10.09	\$1.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5992</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.28	\$117.69	\$0.00	\$18.19	\$19.04	\$0.00	\$26.61	\$2.16	\$10.09	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
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	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$217.44	\$121.75	\$0.00	\$18.41	\$19.45	\$0.00	\$44.08	\$2.16	\$10.09	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.26									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2063	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.43%	2.5%	Quarterly Medicaid PDPM:			1.3071	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.55	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3339	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,160,980	\$1,945,135	\$0	\$373,738	\$517,606	\$0	\$1,098,599		\$225,902	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$485,131)	(\$21,151)	\$0	\$0	\$0	(\$540)	(\$418,336)		(\$45,104)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$408,393		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$40,603
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,124,845	\$1,923,984	\$0	\$373,738	\$517,606	(\$540)	\$680,263	\$408,393	\$180,798	\$40,603
8	Total Nursing Facility Days As Filed Days = 18,605	FY22 Audited C/R Days	18,605									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,605	FY22 GL-PL Ins Rpt Days								18,605		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.70	\$103.41	\$0.00	\$20.09	\$27.79	(with L&H)	\$36.56	\$21.95	\$9.72	\$2.18
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2063</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.72	\$0.00	\$20.09	\$27.79		\$36.56	\$21.95	\$9.72	\$2.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.75	\$85.72	\$0.00	\$20.09	\$27.79		\$36.56	\$21.95	12.46 (FRV)	\$2.18
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	\$206.75	\$85.72	\$0.00	\$20.09	\$27.79	\$0.00	\$36.56	\$21.95	\$12.46	\$2.18
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3339</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.37	\$114.34	\$0.00	\$20.09	\$27.79	\$0.00	\$36.56	\$21.95	\$12.46	\$2.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.72	\$5.72								
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	\$27.21	\$9.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.58	\$123.45	\$0.00	\$20.31	\$28.20	\$0.00	\$54.03	\$21.95	\$12.46	\$2.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MGHP-BRENTWOOD 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: 00140071A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3726	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.59%	1.0%	Quarterly Medicaid PDPM:			1.3698	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.09	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3976	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,689,984	\$2,214,385	\$0	\$481,320	\$515,004	\$0	\$914,971		\$564,304	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$118,859)	\$11,833	\$0	(\$11,833)	\$0	\$0	(\$90,327)		(\$28,532)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$80,340		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,532
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,679,997	\$2,226,218	\$0	\$469,487	\$515,004	\$0	\$824,644	\$80,340	\$535,772	\$28,532
8	Total Nursing Facility Days As Filed Days = 18,616	FY22 Audited C/R Days	18,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,616	FY22 GL-PL Ins Rpt Days								18,616		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.40	\$119.59	\$0.00	\$25.22	\$27.66	(with L&H)	\$44.30	\$4.32	\$28.78	\$1.53
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3726</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.13								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.13	\$0.00	\$25.22	\$27.66		\$44.30	\$4.32	\$28.78	\$1.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.86	\$87.13	\$0.00	\$25.22	\$27.66		\$38.83	\$4.32	13.17 (FRV)	\$1.53
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	\$197.86	\$87.13	\$0.00	\$25.22	\$27.66	\$0.00	\$38.83	\$4.32	\$13.17	\$1.53
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3976</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.50	\$121.77	\$0.00	\$25.22	\$27.66	\$0.00	\$38.83	\$4.32	\$13.17	\$1.53
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.57	\$7.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.07	\$129.61	\$0.00	\$25.44	\$28.07	\$0.00	\$55.93	\$4.32	\$13.17	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.73									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WESTMINSTER COMMONS				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140082A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2208	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.77%	2.5%	Quarterly Medicaid PDPM:			1.2158	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.28	1.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.2397	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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	<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 FY22 C/R - FY22 GL/PL Rpt	\$5,896,852	\$3,236,704	\$0	\$379,584	\$525,452	\$0	\$998,609		\$756,503	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$297,579)	\$0	\$0	\$0	\$0	\$0	(\$233,537)		(\$64,042)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$233,537		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,042
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,896,852	\$3,236,704	\$0	\$379,584	\$525,452	\$0	\$765,072	\$233,537	\$692,461	\$64,042
8	Total Nursing Facility Days	As Filed Days = 25,159	FY22 Audited C/R Days	25,159								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,159	FY22 GL-PL Ins Rpt Days							25,159		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$234.39	\$128.65	\$0.00	\$15.09	\$20.89	(with L&H)	\$30.41	\$9.28	\$27.52	\$2.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2208								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.38								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.38	\$0.00	\$15.09	\$20.89		\$30.41	\$9.28	\$27.52	\$2.55
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.09	\$105.38	\$0.00	\$15.09	\$20.89		\$30.41	\$9.28	9.49 (FRV)	\$2.55
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	\$193.09	\$105.38	\$0.00	\$15.09	\$20.89	\$0.00	\$30.41	\$9.28	\$9.49	\$2.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2397								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.35	\$130.64	\$0.00	\$15.09	\$20.89	\$0.00	\$30.41	\$9.28	\$9.49	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.31	\$1.31								
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	\$23.21	\$5.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.56	\$135.75	\$0.00	\$15.31	\$21.30	\$0.00	\$47.88	\$9.28	\$9.49	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.35									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: APPLING NURSING AND REHABILITATION PAVILION				<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: 00140093A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.1748	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.43%	2.5%	Quarterly Medicaid PDPM:			1.1723	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.54	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.1949	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,704,779	\$4,143,963	\$0	\$1,025,900	\$362,977	\$711,907	\$1,839,491		\$620,541	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$87,442)	\$0	\$0	\$0	\$2,531	\$4,965	(\$62,533)		(\$32,405)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,533		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,631
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,712,501	\$4,143,963	\$0	\$1,025,900	\$365,508	\$716,872	\$1,776,958	\$62,533	\$588,136	\$32,631
8	Total Nursing Facility Days As Filed Days = 29,114	FY22 Audited C/R Days	29,114									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY22 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$299.26	\$142.34	\$0.00	\$35.24	\$37.18	(with L&H)	\$61.03	\$2.15	\$20.20	\$1.12
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1748</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$121.16								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$121.16	\$0.00	\$35.24	\$37.18		\$61.03	\$2.15	\$20.20	\$1.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.34	\$117.25	\$0.00	\$35.24	\$33.22		\$38.83	\$2.15	33.53 (FRV)	\$1.12
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	\$261.34	\$117.25	\$0.00	\$35.24	\$33.22	\$0.00	\$38.83	\$2.15	\$33.53	\$1.12
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1949</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.19	\$140.10	\$0.00	\$35.24	\$33.22	\$0.00	\$38.83	\$2.15	\$33.53	\$1.12
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.50	\$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
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	\$25.02	\$7.70	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.21	\$147.80	\$0.00	\$35.46	\$33.22	\$0.00	\$55.93	\$2.15	\$33.53	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.08									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ASHBURN				<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: 00140104A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4924	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.65%	2.5%	Quarterly Medicaid PDPM:			1.5745	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.13	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6071	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,998,007	\$2,282,956	\$0	\$356,798	\$453,255	\$0	\$798,002		\$106,996	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$342,574)	(\$79,596)	\$0	\$2,579	(\$1,790)	(\$5,217)	(\$225,766)		(\$32,784)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$269,551		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,330
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,942,314	\$2,203,360	\$0	\$359,377	\$451,465	(\$5,217)	\$572,236	\$269,551	\$74,212	\$17,330
8	Total Nursing Facility Days As Filed Days = 19,955	FY22 Audited C/R Days	19,986									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,955	FY22 GL-PL Ins Rpt Days								19,986		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.26	\$110.25	\$0.00	\$17.98	\$22.33	(with L&H)	\$28.63	\$13.49	\$3.71	\$0.87
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4924								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$17.98	\$22.33		\$28.63	\$13.49	\$3.71	\$0.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$73.88	\$0.00	\$17.98	\$22.33		\$28.63	\$13.49	11.77 (FRV)	\$0.87
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	\$168.95	\$73.88	\$0.00	\$17.98	\$22.33	\$0.00	\$28.63	\$13.49	\$11.77	\$0.87
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.6071								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.73								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.80	\$118.73	\$0.00	\$17.98	\$22.33	\$0.00	\$28.63	\$13.49	\$11.77	\$0.87
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.94	\$5.94								
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	\$27.54	\$9.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.34	\$128.17	\$0.00	\$18.20	\$22.74	\$0.00	\$46.10	\$13.49	\$11.77	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.18									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BROOKHAVEN				<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: 00140115A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4101	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid PDPM:			1.5457	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.24	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5772	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,298,968	\$5,743,771	\$0	\$810,525	\$1,071,153	\$0	\$1,651,730		\$1,021,789	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$890,892)	(\$163,075)	\$0	\$0	(\$1,896)	(\$3,724)	(\$442,621)		(\$279,576)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$556,559		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$285,619
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,250,254	\$5,580,696	\$0	\$810,525	\$1,069,257	(\$3,724)	\$1,209,109	\$556,559	\$742,213	\$285,619
8	Total Nursing Facility Days As Filed Days = 45,241	FY22 Audited C/R Days	45,241									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,241	FY22 GL-PL Ins Rpt Days								45,241		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.57	\$123.35	\$0.00	\$17.92	\$23.55	(with L&H)	\$26.73	\$12.30	\$16.41	\$6.31
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4101</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.48	\$0.00	\$17.92	\$23.55		\$26.73	\$12.30	\$16.41	\$6.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.97	\$87.48	\$0.00	\$17.92	\$23.55		\$26.73	\$12.30	12.68 (FRV)	\$6.31
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	\$186.97	\$87.48	\$0.00	\$17.92	\$23.55	\$0.00	\$26.73	\$12.30	\$12.68	\$6.31
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5772</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.46	\$137.97	\$0.00	\$17.92	\$23.55	\$0.00	\$26.73	\$12.30	\$12.68	\$6.31
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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.90	\$6.90								
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	\$26.91	\$8.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.37	\$146.78	\$0.00	\$18.14	\$23.96	\$0.00	\$44.20	\$12.30	\$12.68	\$6.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.45									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE OAKS - ATHENS 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: 00140126A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4249	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.62%	1.0%	Quarterly Medicaid PDPM:			1.4620	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.70	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4916	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,358,710	\$5,395,040	\$0	\$755,132	\$1,302,485	\$0	\$1,887,365		\$2,018,688	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$907,683)	(\$102,509)	\$0	\$0	(\$9,782)	(\$13,739)	(\$463,701)		(\$317,952)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$525,391		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$308,379
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,284,797	\$5,292,531	\$0	\$755,132	\$1,292,703	(\$13,739)	\$1,423,664	\$525,391	\$1,700,736	\$308,379
8	Total Nursing Facility Days As Filed Days = 36,636	FY22 Audited C/R Days	36,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,636	FY22 GL-PL Ins Rpt Days								36,636		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$308.02	\$144.46	\$0.00	\$20.61	\$34.91	(with L&H)	\$38.86	\$14.34	\$46.42	\$8.42
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4249</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.39								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.39	\$0.00	\$20.61	\$34.91		\$38.86	\$14.34	\$46.42	\$8.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$247.69	\$101.39	\$0.00	\$20.61	\$33.22		\$38.83	\$14.34	30.88 (FRV)	\$8.42
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	\$247.69	\$101.39	\$0.00	\$20.61	\$33.22	\$0.00	\$38.83	\$14.34	\$30.88	\$8.42
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4916</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$151.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.53	\$151.23	\$0.00	\$20.61	\$33.22	\$0.00	\$38.83	\$14.34	\$30.88	\$8.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.56	\$7.56								
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	\$26.92	\$9.60	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$324.45	\$160.83	\$0.00	\$20.83	\$33.22	\$0.00	\$55.93	\$14.34	\$30.88	\$8.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$230.51									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EAST LAKE ARBOR				<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: 00140137A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5278	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.05%	1.0%	Quarterly Medicaid PDPM:			1.5410	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.52	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5721	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,081,538	\$4,100,870	\$0	\$548,521	\$517,443	\$0	\$1,384,070		\$530,634	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$394,824)	(\$7,259)	\$0	\$2,676	\$0	\$0	(\$320,009)		(\$70,232)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$155,249		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,044
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,909,007	\$4,093,611	\$0	\$551,197	\$517,443	\$0	\$1,064,061	\$155,249	\$460,402	\$67,044
8	Total Nursing Facility Days As Filed Days = 31,399	FY22 Audited C/R Days	31,399									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,399	FY22 GL-PL Ins Rpt Days								31,399		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.03	\$130.37	\$0.00	\$17.55	\$16.48	(with L&H)	\$33.89	\$4.94	\$14.66	\$2.14
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5278</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.33	\$0.00	\$17.55	\$16.48		\$33.89	\$4.94	\$14.66	\$2.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.05	\$85.33	\$0.00	\$17.55	\$16.48		\$33.89	\$4.94	11.72 (FRV)	\$2.14
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	\$172.05	\$85.33	\$0.00	\$17.55	\$16.48	\$0.00	\$33.89	\$4.94	\$11.72	\$2.14
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5721</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.87	\$134.15	\$0.00	\$17.55	\$16.48	\$0.00	\$33.89	\$4.94	\$11.72	\$2.14
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.52	\$138.70	\$0.00	\$17.77	\$16.89	\$0.00	\$51.36	\$4.94	\$11.72	\$2.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.82									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: AUTUMN BREEZE 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: 00140159A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5441	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.41%	1.0%	Quarterly Medicaid PDPM:			1.6989	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.79	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7329	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,054,222	\$2,740,683	\$0	\$537,682	\$599,949	\$0	\$1,171,669		\$1,004,239	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$231,728)	\$0	\$0	\$0	\$0	\$0	(\$170,547)		(\$61,181)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,181
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,054,222	\$2,740,683	\$0	\$537,682	\$599,949	\$0	\$1,001,122	\$170,547	\$943,058	\$61,181
8	Total Nursing Facility Days As Filed Days = 30,465	FY22 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,465	FY22 GL-PL Ins Rpt Days								30,465		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.73	\$89.96	\$0.00	\$17.65	\$19.69	(with L&H)	\$32.86	\$5.60	\$30.96	\$2.01
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5441</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$17.65	\$19.69		\$32.86	\$5.60	\$30.96	\$2.01
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.38	\$58.26	\$0.00	\$17.65	\$19.69		\$32.86	\$5.60	11.31 (FRV)	\$2.01
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	\$147.38	\$58.26	\$0.00	\$17.65	\$19.69	\$0.00	\$32.86	\$5.60	\$11.31	\$2.01
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7329</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$100.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.08	\$100.96	\$0.00	\$17.65	\$19.69	\$0.00	\$32.86	\$5.60	\$11.31	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
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	\$22.67	\$4.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$212.75	\$105.53	\$0.00	\$17.87	\$20.10	\$0.00	\$50.33	\$5.60	\$11.31	\$2.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.74									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE OAKS - CARROLLTON 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: 00140181A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3749	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.43%	1.0%	Quarterly Medicaid PDPM:			1.3729	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.46	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4014	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,376,263	\$1,679,609	\$0	\$262,808	\$459,757	\$0	\$615,001		\$359,088	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$247,114)	(\$27,791)	\$0	\$0	\$804	\$1,623	(\$122,986)		(\$98,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$148,962		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$96,760
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,374,871	\$1,651,818	\$0	\$262,808	\$460,561	\$1,623	\$492,015	\$148,962	\$260,324	\$96,760
8	Total Nursing Facility Days As Filed Days = 11,762	FY22 Audited C/R Days	11,762									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,762	FY22 GL-PL Ins Rpt Days								11,762		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$286.92	\$140.44	\$0.00	\$22.34	\$39.29	(with L&H)	\$41.83	\$12.66	\$22.13	\$8.23
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3749</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.15	\$0.00	\$22.34	\$39.29		\$41.83	\$12.66	\$22.13	\$8.23
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.94	\$102.15	\$0.00	\$22.34	\$33.22		\$38.83	\$12.66	24.51 (FRV)	\$8.23
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	\$241.94	\$102.15	\$0.00	\$22.34	\$33.22	\$0.00	\$38.83	\$12.66	\$24.51	\$8.23
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4014</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.94	\$143.15	\$0.00	\$22.34	\$33.22	\$0.00	\$38.83	\$12.66	\$24.51	\$8.23
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.16	\$7.16								
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	\$26.44	\$9.12	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.38	\$152.27	\$0.00	\$22.56	\$33.22	\$0.00	\$55.93	\$12.66	\$24.51	\$8.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4194	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.81%	1.0%	Quarterly Medicaid PDPM:			1.4289	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.41	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4572	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$19,385,741	\$10,491,377	\$0	\$2,475,993	\$2,094,291	\$0	\$3,607,968		\$716,112	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$226,725)	\$0	\$0	\$0	\$0	\$0	(\$146,952)		(\$79,773)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$146,952		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$79,773
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$19,385,741	\$10,491,377	\$0	\$2,475,993	\$2,094,291	\$0	\$3,461,016	\$146,952	\$636,339	\$79,773
8	Total Nursing Facility Days As Filed Days = 66,091	FY22 Audited C/R Days	66,091									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,091	FY22 GL-PL Ins Rpt Days								66,091		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$293.32	\$158.74	\$0.00	\$37.46	\$31.69	(with L&H)	\$52.37	\$2.22	\$9.63	\$1.21
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4194</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.83	\$0.00	\$37.46	\$31.69		\$52.37	\$2.22	\$9.63	\$1.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.21	\$111.83	\$0.00	\$30.35	\$31.69		\$38.83	\$2.22	20.08 (FRV)	\$1.21
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	\$236.21	\$111.83	\$0.00	\$30.35	\$31.69	\$0.00	\$38.83	\$2.22	\$20.08	\$1.21
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4572</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$162.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$287.34	\$162.96	\$0.00	\$30.35	\$31.69	\$0.00	\$38.83	\$2.22	\$20.08	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.63	\$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.89	\$4.89								
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	\$7.46	\$7.05	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.80	\$170.01	\$0.00	\$30.35	\$32.10	\$0.00	\$38.83	\$2.22	\$20.08	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$221.10									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE OAKS - BETHANY SKILLED NURSING				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140258A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:				1.4063	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	54.26%	5.5%	Quarterly Medicaid PDPM:				1.5695	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.11	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:				1.6017	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,778,086	\$4,186,189	\$0	\$723,479	\$997,649	\$0	\$1,438,892		\$431,877	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$729,657)	(\$50,445)	\$0	\$0	(\$1,125)	(\$1,042)	(\$590,872)		(\$86,173)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$595,552		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$119,388
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,763,369	\$4,135,744	\$0	\$723,479	\$996,524	(\$1,042)	\$848,020	\$595,552	\$345,704	\$119,388
8	Total Nursing Facility Days As Filed Days = 38,068	FY22 Audited C/R Days	38,068									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,068	FY22 GL-PL Ins Rpt Days								38,068		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.93	\$108.64	\$0.00	\$19.00	\$26.15	(with L&H)	\$22.28	\$15.64	\$9.08	\$3.14
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4063								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.25	\$0.00	\$19.00	\$26.15		\$22.28	\$15.64	\$9.08	\$3.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.30	\$77.25	\$0.00	\$19.00	\$26.15		\$22.28	\$15.64	15.84 (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	\$179.30	\$77.25	\$0.00	\$19.00	\$26.15	\$0.00	\$22.28	\$15.64	\$15.84	\$3.14
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6017								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.73								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.78	\$123.73	\$0.00	\$19.00	\$26.15	\$0.00	\$22.28	\$15.64	\$15.84	\$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)	\$1.53	\$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	\$6.81	\$6.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.19	\$6.19								
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	\$31.63	\$13.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.41	\$137.26	\$0.00	\$19.22	\$26.56	\$0.00	\$39.75	\$15.64	\$15.84	\$3.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.23									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - BETHANY				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140269A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4042	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.82%	2.5%	Quarterly Medicaid PDPM:			1.5182	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.46	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.5491	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,816,296	\$3,302,987	\$0	\$479,769	\$531,672	\$0	\$1,200,580		\$301,288	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$518,079)	(\$90,377)	\$0	\$0	(\$48)	(\$11,844)	(\$334,534)		(\$81,276)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,497		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,512
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,683,226	\$3,212,610	\$0	\$479,769	\$531,624	(\$11,844)	\$866,046	\$354,497	\$220,012	\$30,512
8	Total Nursing Facility Days As Filed Days = 28,362	FY22 Audited C/R Days	28,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,362	FY22 GL-PL Ins Rpt Days								28,359		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$200.41	\$113.28	\$0.00	\$16.92	\$18.33	(with L&H)	\$30.54	\$12.50	\$7.76	\$1.08
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4042								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.67								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.67	\$0.00	\$16.92	\$18.33		\$30.54	\$12.50	\$7.76	\$1.08
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.05	\$80.67	\$0.00	\$16.92	\$18.33		\$30.54	\$12.50	16.01 (FRV)	\$1.08
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	\$176.05	\$80.67	\$0.00	\$16.92	\$18.33	\$0.00	\$30.54	\$12.50	\$16.01	\$1.08
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5491								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.35	\$124.97	\$0.00	\$16.92	\$18.33	\$0.00	\$30.54	\$12.50	\$16.01	\$1.08
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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.00	\$5.00								
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	\$26.75	\$8.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.10	\$133.62	\$0.00	\$17.14	\$18.74	\$0.00	\$48.01	\$12.50	\$16.01	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.50									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CUMMING OPERATING COMPANY 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: 00140302A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4312	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.00%	1.0%	Quarterly Medicaid PDPM:			1.6316	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6656	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,181,612	\$3,598,561	\$0	\$638,218	\$665,819	\$0	\$1,094,985		\$184,029	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$254,591)	(\$4,970)	\$0	\$0	(\$7,255)	(\$4,275)	(\$229,359)		(\$8,732)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$211,079		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,581
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,146,681	\$3,593,591	\$0	\$638,218	\$658,564	(\$4,275)	\$865,626	\$211,079	\$175,297	\$8,581
8	Total Nursing Facility Days As Filed Days = 20,840	FY22 Audited C/R Days	20,840									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,840	FY22 GL-PL Ins Rpt Days								20,840		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$294.95	\$172.44	\$0.00	\$30.62	\$31.40	(with L&H)	\$41.54	\$10.13	\$8.41	\$0.41
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4312</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$120.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$120.48	\$0.00	\$30.62	\$31.40		\$41.54	\$10.13	\$8.41	\$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.49	\$117.25	\$0.00	\$30.35	\$31.40		\$38.83	\$10.13	13.12 (FRV)	\$0.41
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	\$241.49	\$117.25	\$0.00	\$30.35	\$31.40	\$0.00	\$38.83	\$10.13	\$13.12	\$0.41
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6656</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$195.29								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$319.53	\$195.29	\$0.00	\$30.35	\$31.40	\$0.00	\$38.83	\$10.13	\$13.12	\$0.41
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.95	\$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.32	\$7.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$344.85	\$203.10	\$0.00	\$30.35	\$31.81	\$0.00	\$55.93	\$10.13	\$13.12	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$245.81									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIVERSIDE HEALTH CARE CENTER Prvdr ID: 00140324A PDPM Per Diem Rate Effective Date: 4/1/2025 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.94% Nurse Hours per On-Site Day/Quality Incentive: 2.21 Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.3473 Quarterly Medicaid PDPM: 1.4986 Qtrly Mcaid PDPM w RUG Wght Options: 1.5292 Facility Specific State-wide 1.4040 1.4519 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,406,943	\$5,912,422	\$0	\$688,835	\$891,691	\$0	\$1,666,140		\$2,247,855	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$434,326)	\$0	\$0	\$0	\$0	\$0	(\$412,582)		(\$21,744)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$412,582		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,744
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,406,943	\$5,912,422	\$0	\$688,835	\$891,691	\$0	\$1,253,558	\$412,582	\$2,226,111	\$21,744
8	Total Nursing Facility Days	As Filed Days = 47,046	47,046									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 47,046								47,046		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$242.46	\$125.67	\$0.00	\$14.64	\$18.95	(with L&H)	\$26.65	\$8.77	\$47.32	\$0.46
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3473								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.28								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.28	\$0.00	\$14.64	\$18.95		\$26.65	\$8.77	\$47.32	\$0.46
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.95	\$93.28	\$0.00	\$14.64	\$18.95		\$26.65	\$8.77	11.20 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.95	\$93.28	\$0.00	\$14.64	\$18.95	\$0.00	\$26.65	\$8.77	\$11.20	\$0.46
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5292								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.31	\$142.64	\$0.00	\$14.64	\$18.95	\$0.00	\$26.65	\$8.77	\$11.20	\$0.46
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 =	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$25.05	\$6.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.36	\$149.59	\$0.00	\$14.86	\$19.36	\$0.00	\$44.12	\$8.77	\$11.20	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.45									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIVERSIDE 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: 00140346A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.1943	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.63%	2.5%	Quarterly Medicaid PDPM:			1.2627	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.38	5.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.2878	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,895,472	\$2,517,142	\$0	\$631,997	\$535,755	\$0	\$1,078,461		\$132,117	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$160,333)	\$59	\$0	\$0	(\$3,769)	(\$3,492)	(\$142,790)		(\$10,341)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,940		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,200
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,802,279	\$2,517,201	\$0	\$631,997	\$531,986	(\$3,492)	\$935,671	\$56,940	\$121,776	\$10,200
8	Total Nursing Facility Days As Filed Days = 23,689	FY22 Audited C/R Days	23,801									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,689	FY22 GL-PL Ins Rpt Days								23,801		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.76	\$105.76	\$0.00	\$26.55	\$22.20	(with L&H)	\$39.31	\$2.39	\$5.12	\$0.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1943</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.55	\$0.00	\$26.55	\$22.20		\$39.31	\$2.39	\$5.12	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.67	\$88.55	\$0.00	\$26.55	\$22.20		\$38.83	\$2.39	12.72 (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	\$191.67	\$88.55	\$0.00	\$26.55	\$22.20	\$0.00	\$38.83	\$2.39	\$12.72	\$0.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2878</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.15	\$114.03	\$0.00	\$26.55	\$22.20	\$0.00	\$38.83	\$2.39	\$12.72	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$26.81	\$9.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.96	\$123.11	\$0.00	\$26.77	\$22.61	\$0.00	\$55.93	\$2.39	\$12.72	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3139	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	33.65%	2.5%	Quarterly Medicaid PDPM:			1.4220	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.26	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4513	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,546,250	\$3,463,241	\$0	\$620,017	\$718,234	\$0	\$1,495,643		\$1,249,115	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$369,689)	(\$93,954)	\$0	\$0	\$0	\$0	(\$212,238)		(\$63,497)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$306,192		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,497
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,546,250	\$3,369,287	\$0	\$620,017	\$718,234	\$0	\$1,283,405	\$306,192	\$1,185,618	\$63,497
8	Total Nursing Facility Days As Filed Days = 39,120	FY22 Audited C/R Days	39,120									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,120	FY22 GL-PL Ins Rpt Days								39,120		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.91	\$86.13	\$0.00	\$15.85	\$18.36	(with L&H)	\$32.81	\$7.83	\$30.31	\$1.62
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3139</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$65.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.55	\$0.00	\$15.85	\$18.36		\$32.81	\$7.83	\$30.31	\$1.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.18	\$65.55	\$0.00	\$15.85	\$18.36		\$32.81	\$7.83	11.16 (FRV)	\$1.62
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	\$153.18	\$65.55	\$0.00	\$15.85	\$18.36	\$0.00	\$32.81	\$7.83	\$11.16	\$1.62
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4513</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$95.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.76	\$95.13	\$0.00	\$15.85	\$18.36	\$0.00	\$32.81	\$7.83	\$11.16	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.86	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$206.62	\$100.89	\$0.00	\$16.07	\$18.77	\$0.00	\$50.28	\$7.83	\$11.16	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.14									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ANDERSON MILL CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00140379A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 17.1% Nurse Hours per On-Site Day/Quality Incentive: 3.47		Facility Score N/A	Add-on Percent 0.00% 0.0% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4697 Quarterly Medicaid PDPM: 1.5575 Qtrly Mcaid PDPM w RUG Wght Options: 1.5900			Facility Specific 1.4697 1.5575 1.5900	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5345	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.78%	2.5%	Quarterly Medicaid PDPM:			1.5102	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.44	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5404	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,393,305	\$4,861,471	\$0	\$782,149	\$893,031	\$0	\$1,232,440		\$624,214	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$602,859)	(\$65,536)	\$0	\$0	\$35,302	\$58,650	(\$410,412)		(\$220,863)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$454,437		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$244,459
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,489,342	\$4,795,935	\$0	\$782,149	\$928,333	\$58,650	\$822,028	\$454,437	\$403,351	\$244,459
8	Total Nursing Facility Days As Filed Days = 37,356	FY22 Audited C/R Days	37,356									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,356	FY22 GL-PL Ins Rpt Days								37,356		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.26	\$128.38	\$0.00	\$20.94	\$26.42	(with L&H)	\$22.01	\$12.17	\$10.80	\$6.54
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.5345								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.66								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.66	\$0.00	\$20.94	\$26.42		\$22.01	\$12.17	\$10.80	\$6.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.51	\$83.66	\$0.00	\$20.94	\$26.42		\$22.01	\$12.17	16.77 (FRV)	\$6.54
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	\$188.51	\$83.66	\$0.00	\$20.94	\$26.42	\$0.00	\$22.01	\$12.17	\$16.77	\$6.54
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.5404								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.72	\$128.87	\$0.00	\$20.94	\$26.42	\$0.00	\$22.01	\$12.17	\$16.77	\$6.54
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.22	\$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.44	\$6.44								
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	\$28.29	\$10.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.01	\$139.06	\$0.00	\$21.16	\$26.83	\$0.00	\$39.48	\$12.17	\$16.77	\$6.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BRIGHTMOOR NURSING CENTER, 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: 00140412A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2963	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.86%	2.5%	Quarterly Medicaid PDPM:			1.4320	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.83	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4602	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,954,304	\$3,599,141	\$0	\$893,977	\$1,006,540	\$0	\$1,016,809		\$437,837	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$510,900)	(\$82,374)	\$0	(\$12,224)	(\$71,105)	(\$44,599)	(\$205,115)		(\$95,483)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$145,535		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$85,815
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,674,754	\$3,516,767	\$0	\$881,753	\$935,435	(\$44,599)	\$811,694	\$145,535	\$342,354	\$85,815
8	Total Nursing Facility Days As Filed Days = 31,451	FY22 Audited C/R Days	31,451									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,451	FY22 GL-PL Ins Rpt Days								31,451		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.24	\$111.82	\$0.00	\$28.04	\$28.32	(with L&H)	\$25.81	\$4.63	\$10.89	\$2.73
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2963</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.26	\$0.00	\$28.04	\$28.32		\$25.81	\$4.63	\$10.89	\$2.73
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.03	\$86.26	\$0.00	\$28.04	\$28.32		\$25.81	\$4.63	21.24 (FRV)	\$2.73
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	\$197.03	\$86.26	\$0.00	\$28.04	\$28.32	\$0.00	\$25.81	\$4.63	\$21.24	\$2.73
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4602</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.73	\$125.96	\$0.00	\$28.04	\$28.32	\$0.00	\$25.81	\$4.63	\$21.24	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.04	\$5.04								
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	\$26.82	\$8.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.55	\$134.68	\$0.00	\$28.26	\$28.73	\$0.00	\$43.28	\$4.63	\$21.24	\$2.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.84									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BROWN'S HEALTH & REHAB 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: 00140434A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3262	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.38%	0.0%	Quarterly Medicaid PDPM:			1.6023	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.90	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6350	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,257,243	\$2,212,016	\$0	\$399,464	\$408,191	\$0	\$686,797		\$550,775	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$125,757)	(\$3,000)	\$0	\$0	\$0	\$0	(\$100,698)		(\$22,059)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$42,642		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,059
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,196,187	\$2,209,016	\$0	\$399,464	\$408,191	\$0	\$586,099	\$42,642	\$528,716	\$22,059
8	Total Nursing Facility Days As Filed Days = 21,340	FY22 Audited C/R Days	21,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,340	FY22 GL-PL Ins Rpt Days								21,340		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.64	\$103.52	\$0.00	\$18.72	\$19.13	(with L&H)	\$27.46	\$2.00	\$24.78	\$1.03
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3262</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.06	\$0.00	\$18.72	\$19.13		\$27.46	\$2.00	\$24.78	\$1.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.28	\$78.06	\$0.00	\$18.72	\$19.13		\$27.46	\$2.00	13.88 (FRV)	\$1.03
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	\$160.28	\$78.06	\$0.00	\$18.72	\$19.13	\$0.00	\$27.46	\$2.00	\$13.88	\$1.03
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6350</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.85	\$127.63	\$0.00	\$18.72	\$19.13	\$0.00	\$27.46	\$2.00	\$13.88	\$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 = <u>0.0%</u> (to Routine Srvcs)	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 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	\$21.18	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.03	\$130.71	\$0.00	\$18.94	\$19.54	\$0.00	\$44.93	\$2.00	\$13.88	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.45									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LANIER				<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: 00140456A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4735	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid PDPM:			1.6079	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.22	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6414	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,536,451	\$2,790,430	\$0	\$472,033	\$505,224	\$0	\$1,139,409		\$629,355	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$522,120)	(\$43,519)	\$0	\$3,796	(\$1,333)	(\$2,270)	(\$413,859)		(\$64,935)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$414,759		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,945
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,452,035	\$2,746,911	\$0	\$475,829	\$503,891	(\$2,270)	\$725,550	\$414,759	\$564,420	\$22,945
8	Total Nursing Facility Days As Filed Days = 22,007	FY22 Audited C/R Days	22,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,007	FY22 GL-PL Ins Rpt Days								22,007		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$247.74	\$124.82	\$0.00	\$21.62	\$22.79	(with L&H)	\$32.97	\$18.85	\$25.65	\$1.04
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4735</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.71	\$0.00	\$21.62	\$22.79		\$32.97	\$18.85	\$25.65	\$1.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.69	\$84.71	\$0.00	\$21.62	\$22.79		\$32.97	\$18.85	10.71 (FRV)	\$1.04
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	\$192.69	\$84.71	\$0.00	\$21.62	\$22.79	\$0.00	\$32.97	\$18.85	\$10.71	\$1.04
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6414</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.02	\$139.04	\$0.00	\$21.62	\$22.79	\$0.00	\$32.97	\$18.85	\$10.71	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.48	\$3.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.95	\$6.95								
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	\$29.06	\$10.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.08	\$150.00	\$0.00	\$21.84	\$23.20	\$0.00	\$50.44	\$18.85	\$10.71	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.24									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHURCH HOME REHABILITATION AND HEALTHCARE				<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: 00140467A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5918	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.47%	1.0%	Quarterly Medicaid PDPM:			1.4279	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.66	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4568	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,402,997	\$2,639,755	\$0	\$694,358	\$495,140	\$0	\$1,108,616		\$465,128	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$76,842)	(\$48,732)	\$0	\$0	(\$1,922)	(\$2,100)	(\$8,671)		(\$15,417)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,403		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$15,291
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,398,849	\$2,591,023	\$0	\$694,358	\$493,218	(\$2,100)	\$1,099,945	\$57,403	\$449,711	\$15,291
8	Total Nursing Facility Days As Filed Days = 23,271	FY22 Audited C/R Days	23,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,271	FY22 GL-PL Ins Rpt Days								23,271		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$232.00	\$111.34	\$0.00	\$29.84	\$21.10	(with L&H)	\$47.27	\$2.47	\$19.32	\$0.66
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5918</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$69.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.95	\$0.00	\$29.84	\$21.10		\$47.27	\$2.47	\$19.32	\$0.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.79	\$69.95	\$0.00	\$29.84	\$21.10		\$38.83	\$2.47	32.94 (FRV)	\$0.66
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	\$195.79	\$69.95	\$0.00	\$29.84	\$21.10	\$0.00	\$38.83	\$2.47	\$32.94	\$0.66
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4568</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.74	\$101.90	\$0.00	\$29.84	\$21.10	\$0.00	\$38.83	\$2.47	\$32.94	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.08	\$4.08								
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	\$23.36	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.10	\$107.53	\$0.00	\$30.06	\$21.51	\$0.00	\$55.93	\$2.47	\$32.94	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.50									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CALHOUN 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: 00140478A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.7298	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		49.06%	5.5%	Quarterly Medicaid PDPM:			1.6479	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.31	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6800	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,458,985	\$3,429,296	\$0	\$510,764	\$525,834	\$0	\$751,269		\$241,822	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$184,499)	(\$50,753)	\$0	\$0	\$0	\$0	(\$107,708)		(\$26,038)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$157,714		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,577
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,455,777	\$3,378,543	\$0	\$510,764	\$525,834	\$0	\$643,561	\$157,714	\$215,784	\$23,577
8	Total Nursing Facility Days As Filed Days = 19,626	FY22 Audited C/R Days	19,626									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,626	FY22 GL-PL Ins Rpt Days								19,626		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$277.98	\$172.15	\$0.00	\$26.02	\$26.79	(with L&H)	\$32.79	\$8.04	\$10.99	\$1.20
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.7298</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.52	\$0.00	\$26.02	\$26.79		\$32.79	\$8.04	\$10.99	\$1.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.81	\$99.52	\$0.00	\$26.02	\$26.79		\$32.79	\$8.04	18.45 (FRV)	\$1.20
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	\$212.81	\$99.52	\$0.00	\$26.02	\$26.79	\$0.00	\$32.79	\$8.04	\$18.45	\$1.20
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6800</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$167.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.48	\$167.19	\$0.00	\$26.02	\$26.79	\$0.00	\$32.79	\$8.04	\$18.45	\$1.20
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$9.20	\$9.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$32.85	\$14.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.33	\$181.94	\$0.00	\$26.24	\$27.20	\$0.00	\$50.26	\$8.04	\$18.45	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.17									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5168	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		13.64%	0.0%	Quarterly Medicaid PDPM:			1.6255	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.26	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6598	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,713,416	\$2,081,428	\$0	\$310,677	\$367,311	\$0	\$740,860		\$213,140	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$98,542)	(\$31,074)	\$0	\$0	(\$842)	(\$700)	(\$41,126)		(\$24,800)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$69,742		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,696
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,709,312	\$2,050,354	\$0	\$310,677	\$366,469	(\$700)	\$699,734	\$69,742	\$188,340	\$24,696
8	Total Nursing Facility Days As Filed Days = 14,886	FY22 Audited C/R Days	14,886									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,886	FY22 GL-PL Ins Rpt Days								14,886		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.19	\$137.74	\$0.00	\$20.87	\$24.57	(with L&H)	\$47.01	\$4.69	\$12.65	\$1.66
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5168</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$20.87	\$24.57		\$47.01	\$4.69	\$12.65	\$1.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.50	\$90.81	\$0.00	\$20.87	\$24.57		\$38.83	\$4.69	14.07 (FRV)	\$1.66
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	\$195.50	\$90.81	\$0.00	\$20.87	\$24.57	\$0.00	\$38.83	\$4.69	\$14.07	\$1.66
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6598</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$150.73								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.42	\$150.73	\$0.00	\$20.87	\$24.57	\$0.00	\$38.83	\$4.69	\$14.07	\$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)	\$1.16	\$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 Srvcs)	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 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	\$21.27	\$3.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$276.69	\$154.27	\$0.00	\$21.09	\$24.98	\$0.00	\$55.93	\$4.69	\$14.07	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.69									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: UNIVERSITY NURSING & 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: 00140533A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4389	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.52%	0.0%	Quarterly Medicaid PDPM:			1.4872	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.09	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5179	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,246,990	\$3,635,479	\$0	\$660,993	\$546,319	\$0	\$1,292,014		\$1,112,185	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$155,504)	(\$180,864)	\$0	(\$29,201)	\$0	\$26,489	\$85,554		(\$57,482)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$18,003		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,482
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,166,971	\$3,454,615	\$0	\$631,792	\$546,319	\$26,489	\$1,377,568	\$18,003	\$1,054,703	\$57,482
8	Total Nursing Facility Days As Filed Days = 31,928	FY22 Audited C/R Days	31,923									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,928	FY22 GL-PL Ins Rpt Days								31,923		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.50	\$108.22	\$0.00	\$19.79	\$17.94	(with L&H)	\$43.15	\$0.56	\$33.04	\$1.80
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4389</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.21								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.21	\$0.00	\$19.79	\$17.94		\$43.15	\$0.56	\$33.04	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.08	\$75.21	\$0.00	\$19.79	\$17.94		\$38.83	\$0.56	8.95 (FRV)	\$1.80
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	\$163.08	\$75.21	\$0.00	\$19.79	\$17.94	\$0.00	\$38.83	\$0.56	\$8.95	\$1.80
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5179</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.03	\$114.16	\$0.00	\$19.79	\$17.94	\$0.00	\$38.83	\$0.56	\$8.95	\$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 = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
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	\$20.54	\$2.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.57	\$116.97	\$0.00	\$20.01	\$18.35	\$0.00	\$55.93	\$0.56	\$8.95	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.10									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE COTTAGES AT ROCKMART				<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: 00140544A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3655	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.54%	1.0%	Quarterly Medicaid PDPM:			1.2570	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		6.62	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2821	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,000,618	\$2,896,452	\$0	\$495,425	\$573,235	\$0	\$900,256		\$2,135,250	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$236,530)	(\$7,007)	\$0	\$0	\$1,433	\$3,046	(\$204,005)		(\$29,997)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$152,068		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,233
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,946,389	\$2,889,445	\$0	\$495,425	\$574,668	\$3,046	\$696,251	\$152,068	\$2,105,253	\$30,233
8	Total Nursing Facility Days As Filed Days = 18,917	FY22 Audited C/R Days	18,917									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,917	FY22 GL-PL Ins Rpt Days								18,917		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$367.21	\$152.74	\$0.00	\$26.19	\$30.54	(with L&H)	\$36.81	\$8.04	\$111.29	\$1.60
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3655</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$111.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.86	\$0.00	\$26.19	\$30.54		\$36.81	\$8.04	\$111.29	\$1.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$262.20	\$111.86	\$0.00	\$26.19	\$30.54		\$36.81	\$8.04	47.16 (FRV)	\$1.60
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	\$262.20	\$111.86	\$0.00	\$26.19	\$30.54	\$0.00	\$36.81	\$8.04	\$47.16	\$1.60
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2821</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$293.76	\$143.42	\$0.00	\$26.19	\$30.54	\$0.00	\$36.81	\$8.04	\$47.16	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
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	\$24.36	\$6.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$318.12	\$149.68	\$0.00	\$26.41	\$30.95	\$0.00	\$54.28	\$8.04	\$47.16	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$225.77									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CALHOUN HEALTH CARE CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140577A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.6524	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	29.49%	1.0%	Quarterly Medicaid PDPM:			1.5819	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.24	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6146	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,890,130	\$2,426,661	\$0	\$518,631	\$488,461	\$0	\$1,050,200		\$406,177	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$185,240)	\$5,100	\$0	\$0	(\$4,361)	(\$4,122)	(\$157,033)		(\$24,824)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$151,933		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,393
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,881,216	\$2,431,761	\$0	\$518,631	\$484,100	(\$4,122)	\$893,167	\$151,933	\$381,353	\$24,393
8	Total Nursing Facility Days As Filed Days = 23,522	FY22 Audited C/R Days	23,522									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,522	FY22 GL-PL Ins Rpt Days								23,522		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.52	\$103.38	\$0.00	\$22.05	\$20.41	(with L&H)	\$37.97	\$6.46	\$16.21	\$1.04
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6524</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.56								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.56	\$0.00	\$22.05	\$20.41		\$37.97	\$6.46	\$16.21	\$1.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.90	\$62.56	\$0.00	\$22.05	\$20.41		\$37.97	\$6.46	10.41 (FRV)	\$1.04
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	\$160.90	\$62.56	\$0.00	\$22.05	\$20.41	\$0.00	\$37.97	\$6.46	\$10.41	\$1.04
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6146</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$101.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.35	\$101.01	\$0.00	\$22.05	\$20.41	\$0.00	\$37.97	\$6.46	\$10.41	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
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	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$221.01	\$104.57	\$0.00	\$22.27	\$20.82	\$0.00	\$55.44	\$6.46	\$10.41	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.93									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CAMELLIA 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: 00140588A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3912	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid PDPM:			1.3177	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.45	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3444	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,019,839	\$2,086,057	\$0	\$492,191	\$449,379	\$0	\$783,760		\$208,452	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$119,838)	\$0	\$0	\$0	\$0	\$0	(\$97,551)		(\$22,287)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$88,418		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,287
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,010,706	\$2,086,057	\$0	\$492,191	\$449,379	\$0	\$686,209	\$88,418	\$186,165	\$22,287
8	Total Nursing Facility Days As Filed Days = 15,457	FY22 Audited C/R Days	15,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,457	FY22 GL-PL Ins Rpt Days								15,457		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.46	\$134.96	\$0.00	\$31.84	\$29.07	(with L&H)	\$44.39	\$5.72	\$12.04	\$1.44
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3912</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.01	\$0.00	\$31.84	\$29.07		\$44.39	\$5.72	\$12.04	\$1.44
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.75	\$97.01	\$0.00	\$30.35	\$29.07		\$38.83	\$5.72	11.33 (FRV)	\$1.44
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	\$213.75	\$97.01	\$0.00	\$30.35	\$29.07	\$0.00	\$38.83	\$5.72	\$11.33	\$1.44
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3444</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.16	\$130.42	\$0.00	\$30.35	\$29.07	\$0.00	\$38.83	\$5.72	\$11.33	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.83	\$7.83								
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	\$27.17	\$9.66	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.33	\$140.08	\$0.00	\$30.35	\$29.48	\$0.00	\$55.93	\$5.72	\$11.33	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.92									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4405	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.45%	5.5%	Quarterly Medicaid PDPM:			1.5312	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.08	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5615	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,145,961	\$1,663,459	\$0	\$392,760	\$453,541	\$0	\$1,202,256		\$433,945	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$112,008)	(\$8,785)	\$0	(\$697)	\$0	\$0	(\$52,699)		(\$49,827)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$25,075		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,827
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,108,855	\$1,654,674	\$0	\$392,063	\$453,541	\$0	\$1,149,557	\$25,075	\$384,118	\$49,827
8	Total Nursing Facility Days As Filed Days = 18,398	FY22 Audited C/R Days	18,398									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,398	FY22 GL-PL Ins Rpt Days								18,398		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.33	\$89.94	\$0.00	\$21.31	\$24.65	(with L&H)	\$62.48	\$1.36	\$20.88	\$2.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4405</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.44	\$0.00	\$21.31	\$24.65		\$62.48	\$1.36	\$20.88	\$2.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.92	\$62.44	\$0.00	\$21.31	\$24.65		\$38.83	\$1.36	26.62 (FRV)	\$2.71
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	\$177.92	\$62.44	\$0.00	\$21.31	\$24.65	\$0.00	\$38.83	\$1.36	\$26.62	\$2.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5615</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$97.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.98	\$97.50	\$0.00	\$21.31	\$24.65	\$0.00	\$38.83	\$1.36	\$26.62	\$2.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.36	\$5.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
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	\$27.52	\$9.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.50	\$107.29	\$0.00	\$21.53	\$25.06	\$0.00	\$55.93	\$1.36	\$26.62	\$2.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.55									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON				<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: 00140621A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4059	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.06%	1.0%	Quarterly Medicaid PDPM:			1.7509	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.70	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7862	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,018,773	\$3,578,573	\$0	\$602,183	\$647,513	\$0	\$1,636,248		\$1,554,256	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$272,805)	(\$62,352)	\$0	\$0	\$0	\$0	(\$98,296)		(\$112,157)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$160,648		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$112,157
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,018,773	\$3,516,221	\$0	\$602,183	\$647,513	\$0	\$1,537,952	\$160,648	\$1,442,099	\$112,157
8	Total Nursing Facility Days As Filed Days = 38,649	FY22 Audited C/R Days	38,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,649	FY22 GL-PL Ins Rpt Days								38,649		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.47	\$90.98	\$0.00	\$15.58	\$16.75	(with L&H)	\$39.79	\$4.16	\$37.31	\$2.90
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4059</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$64.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.71	\$0.00	\$15.58	\$16.75		\$39.79	\$4.16	\$37.31	\$2.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.93	\$64.71	\$0.00	\$15.58	\$16.75		\$38.83	\$4.16	10.00 (FRV)	\$2.90
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	\$152.93	\$64.71	\$0.00	\$15.58	\$16.75	\$0.00	\$38.83	\$4.16	\$10.00	\$2.90
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7862</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.81	\$115.59	\$0.00	\$15.58	\$16.75	\$0.00	\$38.83	\$4.16	\$10.00	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$226.70	\$120.75	\$0.00	\$15.80	\$17.16	\$0.00	\$55.93	\$4.16	\$10.00	\$2.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.20									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: CHEROKEE CENTER FOR NURSING AND HEALING LLC				<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 PDPM:			1.4478	1.4040	
H/B ?: NO				Case Mix Per Diem Rate Effective Date: 04/01/25		BIMS	0.0%	Quarterly Medicaid PDPM:			1.4146	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4446	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021			FY2021 C/R -FY 2021 GL-PL Rpt	4,196,362		471,482	571,142	839	1,293,809	106,243	801,397	60,336	
Inflation (July 2022) @ 5.90%				247,585		27,817	33,747		76,335			3,560	
Patient Days			FY 2021 Cost Rpt	29,720		29,720	29,720		29,720	29,720	29,720	29,720	
Total Nursing Facility Days GL-PL Ins. Rpt			FY 21 GL-PL Ins Rpt Days										
Inflated NHC/ Patient Days				149.53		16.80	20.38		46.10	3.57	26.96	2.15	
Base Period Facility PDPM for all Residents				1.4478									
Routine Services PDPM Adjusted Net Per Diem				\$103.28									
Net Per Diems After PDPM Adjustments				\$219.25		\$16.80	\$20.38		\$46.10	\$3.57	\$26.96	2.15	
Per Diem Standards						\$30.35	\$33.22		\$38.83				
Base Period PDPM Adjusted Allowed Per Diem				\$200.95		\$16.80	\$20.38		\$38.83	\$3.57	15.93	2.15	
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)		
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
PDPMA Allowed Per Diem After Growth Allowance				\$200.94	\$103.28	\$16.80	\$20.38		\$38.83	\$3.57	\$15.93	\$2.15	
Quarterly Facility PDPM for Medicaid Residents					1.4446								
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$149.20								
Quarterly Medicaid PDPMA Allowed Per Diem				\$246.86	\$149.20	\$16.80	\$20.38		\$38.83	\$3.57	\$15.93	\$2.15	
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.16	\$0.53	\$0.22	\$0.41		\$0.00				
BIMS Add-on Per Diem = 0.0% (to Routine Svcs)				\$0.00	0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$4.48	4.48								
Nursing Home Provider Fee				\$ 17.10					\$ 17.10				
Total Quarterly Per Diem Add-On Amounts				\$22.74									
Quarterly PDPM Based Per Diem Rate				\$269.60	\$154.21		\$17.02	\$20.79		\$55.93	\$3.57	\$15.93	\$2.15
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$189.38										

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LIFE 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: 00140665A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.1912	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.88%	2.5%	Quarterly Medicaid PDPM:			1.2427	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.45	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2684	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,182,062	\$4,000,190	\$0	\$546,054	\$754,192	\$0	\$895,626		\$986,000	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$213,575)	(\$4,440)	\$0	\$0	\$0	\$0	(\$114,763)		(\$94,372)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$114,763		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$94,372
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,177,622	\$3,995,750	\$0	\$546,054	\$754,192	\$0	\$780,863	\$114,763	\$891,628	\$94,372
8	Total Nursing Facility Days As Filed Days = 35,375	FY22 Audited C/R Days	35,375									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,375	FY22 GL-PL Ins Rpt Days								35,375		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.90	\$112.95	\$0.00	\$15.44	\$21.32	(with L&H)	\$22.07	\$3.24	\$25.21	\$2.67
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1912</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.82	\$0.00	\$15.44	\$21.32		\$22.07	\$3.24	\$25.21	\$2.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.18	\$94.82	\$0.00	\$15.44	\$21.32		\$22.07	\$3.24	16.62 (FRV)	\$2.67
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	\$176.18	\$94.82	\$0.00	\$15.44	\$21.32	\$0.00	\$22.07	\$3.24	\$16.62	\$2.67
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2684</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.63	\$120.27	\$0.00	\$15.44	\$21.32	\$0.00	\$22.07	\$3.24	\$16.62	\$2.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.81	\$4.81								
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	\$26.45	\$8.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$228.08	\$128.62	\$0.00	\$15.66	\$21.73	\$0.00	\$39.54	\$3.24	\$16.62	\$2.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.24									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - EASTSIDE				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140687A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.2629	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	20.00%	1.0%	Quarterly Medicaid PDPM:			1.3777	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	2.78	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4059	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,561,233	\$3,066,709	\$0	\$492,803	\$664,856	\$0	\$1,052,429		\$284,436	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$384,439)	(\$36,772)	\$0	\$0	\$0	\$0	(\$296,955)		(\$50,712)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$319,051		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,763
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,541,608	\$3,029,937	\$0	\$492,803	\$664,856	\$0	\$755,474	\$319,051	\$233,724	\$45,763
8	Total Nursing Facility Days As Filed Days = 27,606	FY22 Audited C/R Days	27,606									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,606	FY22 GL-PL Ins Rpt Days								27,606		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.75	\$109.76	\$0.00	\$17.85	\$24.08	(with L&H)	\$27.37	\$11.56	\$8.47	\$1.66
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2629</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.91	\$0.00	\$17.85	\$24.08		\$27.37	\$11.56	\$8.47	\$1.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.48	\$86.91	\$0.00	\$17.85	\$24.08		\$27.37	\$11.56	14.05 (FRV)	\$1.66
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	\$183.48	\$86.91	\$0.00	\$17.85	\$24.08	\$0.00	\$27.37	\$11.56	\$14.05	\$1.66
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4059</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.76	\$122.19	\$0.00	\$17.85	\$24.08	\$0.00	\$27.37	\$11.56	\$14.05	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.96	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$244.72	\$130.05	\$0.00	\$18.07	\$24.49	\$0.00	\$44.84	\$11.56	\$14.05	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.72									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW ROME				<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: 00140753A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3622	1.4040	
H/B ?: NO				Case Mix Per Diem Rate Effective Date: 04/01/25		BIMS	20.8%	1.0%	Quarterly Medicaid PDPM:			1.7325	1.4519
				MDS & Nurse Hrs Data per Quarter Ending: 12/31/24		Nurse Hours per On-Site Day/Quality Incentive:	3.19	5.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.7677	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021			FY2021 C/R -FY 2021 GL-PL Rpt	3,602,858		520,376	517,179	(1,059)	1,364,987	4,219	1,779,486	21,424	
Inflation (July 2022) @ 5.90%				212,569		30,702	30,451		80,534			1,264	
Patient Days			FY 2021 Cost Rpt	26,266		26,266	26,266		26,266	26,266	26,266	26,266	
Total Nursing Facility Days GL-PL Ins. Rpt			FY 21 GL-PL Ins Rpt Days										
Inflated NHC/ Patient Days				145.26		20.98	20.81		55.03	0.14	67.75	0.86	
Base Period Facility PDPM for all Residents				1.3622									
Routine Services PDPM Adjusted Net Per Diem				\$106.64									
Net Per Diems After PDPM Adjustments				\$272.22		\$20.98	\$20.81		\$55.03	\$0.14	\$67.75	0.86	
Per Diem Standards				\$117.25		\$30.35	\$33.22		\$38.83				
Base Period PDPM Adjusted Allowed Per Diem				\$203.45		\$20.98	\$20.81		\$38.83	\$0.14	15.18	0.86	
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)		
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
PDPMA Allowed Per Diem After Growth Allowance				\$203.45		\$20.98	\$20.81		\$38.83	\$0.14	\$15.18	\$0.86	
Quarterly Facility PDPM for Medicaid Residents													
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem				\$188.51									
Quarterly Medicaid PDPMA Allowed Per Diem				\$285.31		\$20.98	\$20.81		\$38.83	\$0.14	\$15.18	\$0.86	
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.16	\$0.53	\$0.22	\$0.41		\$0.00				
BIMS Add-on Per Diem = 1.0% (to Routine Svcs)				\$1.89	1.89								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%				\$9.43	9.43								
Nursing Home Provider Fee				\$ 17.10					\$ 17.10				
Total Quarterly Per Diem Add-On Amounts				\$29.58									
Quarterly PDPM Based Per Diem Rate				\$314.89	\$200.36	\$21.20	\$21.22		\$55.93	\$0.14	\$15.18	\$0.86	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$223.34										

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - CRESTWOOD, 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: 00140764A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3600	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.66%	2.5%	Quarterly Medicaid PDPM:			1.3016	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.46	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3278	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,510,769	\$3,239,127	\$0	\$421,536	\$564,086	\$0	\$963,569		\$322,451	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$393,133)	(\$102,195)	\$0	\$8,211	\$102	(\$4,245)	(\$255,722)		(\$39,284)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$280,053		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,311
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,430,000	\$3,136,932	\$0	\$429,747	\$564,188	(\$4,245)	\$707,847	\$280,053	\$283,167	\$32,311
8	Total Nursing Facility Days As Filed Days = 25,158	FY22 Audited C/R Days	25,158									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,158	FY22 GL-PL Ins Rpt Days								25,158		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$215.84	\$124.69	\$0.00	\$17.08	\$22.26	(with L&H)	\$28.14	\$11.13	\$11.26	\$1.28
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.3600								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.69	\$0.00	\$17.08	\$22.26		\$28.14	\$11.13	\$11.26	\$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.88	\$91.69	\$0.00	\$17.08	\$22.26		\$28.14	\$11.13	11.30 (FRV)	\$1.28
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	\$182.88	\$91.69	\$0.00	\$17.08	\$22.26	\$0.00	\$28.14	\$11.13	\$11.30	\$1.28
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.3278								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.94	\$121.75	\$0.00	\$17.08	\$22.26	\$0.00	\$28.14	\$11.13	\$11.30	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$27.76	\$9.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.70	\$131.41	\$0.00	\$17.30	\$22.67	\$0.00	\$45.61	\$11.13	\$11.30	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GATEWAY 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: 00140786A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4446	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.67%	0.0%	Quarterly Medicaid PDPM:			1.3422	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.80	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3683	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,550,762	\$1,991,344	\$0	\$365,524	\$418,551	\$0	\$519,393		\$255,950	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,461)	\$36,537	\$0	\$0	\$0	(\$5,746)	(\$19,100)		(\$13,152)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$74,404		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,152
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,636,857	\$2,027,881	\$0	\$365,524	\$418,551	(\$5,746)	\$500,293	\$74,404	\$242,798	\$13,152
8	Total Nursing Facility Days As Filed Days = 14,240	FY22 Audited C/R Days	14,240									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,240	FY22 GL-PL Ins Rpt Days								14,240		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$255.40	\$142.41	\$0.00	\$25.67	\$28.99	(with L&H)	\$35.13	\$5.23	\$17.05	\$0.92
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4446</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.58	\$0.00	\$25.67	\$28.99		\$35.13	\$5.23	\$17.05	\$0.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.18	\$98.58	\$0.00	\$25.67	\$28.99		\$35.13	\$5.23	8.66 (FRV)	\$0.92
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	\$203.18	\$98.58	\$0.00	\$25.67	\$28.99	\$0.00	\$35.13	\$5.23	\$8.66	\$0.92
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3683</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.89								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.49	\$134.89	\$0.00	\$25.67	\$28.99	\$0.00	\$35.13	\$5.23	\$8.66	\$0.92
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.68	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.17	\$139.47	\$0.00	\$25.89	\$29.40	\$0.00	\$52.60	\$5.23	\$8.66	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.80									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3063	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.65%	2.5%	Quarterly Medicaid PDPM:			1.2447	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.41	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2690	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,547,210	\$2,272,226	\$0	\$569,419	\$522,169	\$0	\$804,510		\$378,886	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$93,405)	\$3,645	\$0	(\$3,645)	\$0	\$0	(\$67,666)		(\$25,739)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,739
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,537,264	\$2,275,871	\$0	\$565,774	\$522,169	\$0	\$736,844	\$57,720	\$353,147	\$25,739
8	Total Nursing Facility Days As Filed Days = 18,568	FY22 Audited C/R Days	18,568									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,568	FY22 GL-PL Ins Rpt Days								18,568		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.36	\$122.57	\$0.00	\$30.47	\$28.12	(with L&H)	\$39.68	\$3.11	\$19.02	\$1.39
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3063</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.83	\$0.00	\$30.47	\$28.12		\$39.68	\$3.11	\$19.02	\$1.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.59	\$93.83	\$0.00	\$30.35	\$28.12		\$38.83	\$3.11	13.96 (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	\$209.59	\$93.83	\$0.00	\$30.35	\$28.12	\$0.00	\$38.83	\$3.11	\$13.96	\$1.39
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2690</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.83	\$119.07	\$0.00	\$30.35	\$28.12	\$0.00	\$38.83	\$3.11	\$13.96	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.95	\$5.95								
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	\$26.97	\$9.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.80	\$128.53	\$0.00	\$30.35	\$28.53	\$0.00	\$55.93	\$3.11	\$13.96	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.53									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CARROLLTON MANOR, INCORPORATED				<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: 00140852A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3283	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.85%	2.5%	Quarterly Medicaid PDPM:			1.2027	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2263	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,963,628	\$3,570,942	\$0	\$731,894	\$600,059	\$0	\$828,257		\$232,476	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$255,983)	\$40,981	\$0	\$1,321	\$1,038	\$1,411	(\$228,143)		(\$72,591)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$165,962		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,069
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,910,676	\$3,611,923	\$0	\$733,215	\$601,097	\$1,411	\$600,114	\$165,962	\$159,885	\$37,069
8	Total Nursing Facility Days As Filed Days = 29,990	FY22 Audited C/R Days	30,003									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,990	FY22 GL-PL Ins Rpt Days								30,003		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.01	\$120.39	\$0.00	\$24.44	\$20.08	(with L&H)	\$20.00	\$5.53	\$5.33	\$1.24
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3283</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.63	\$0.00	\$24.44	\$20.08		\$20.00	\$5.53	\$5.33	\$1.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.64	\$90.63	\$0.00	\$24.44	\$20.08		\$20.00	\$5.53	13.72 (FRV)	\$1.24
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	\$175.64	\$90.63	\$0.00	\$24.44	\$20.08	\$0.00	\$20.00	\$5.53	\$13.72	\$1.24
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2263</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.15	\$111.14	\$0.00	\$24.44	\$20.08	\$0.00	\$20.00	\$5.53	\$13.72	\$1.24
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>2.5%</u> (to Routine Srvcs)	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 Srvcs)	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	\$24.74	\$6.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$220.89	\$117.78	\$0.00	\$24.66	\$20.49	\$0.00	\$37.47	\$5.53	\$13.72	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.84									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2441	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.63%	2.5%	Quarterly Medicaid PDPM:			1.2969	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.16	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3225	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,003,566	\$3,061,159	\$0	\$850,590	\$122,760	\$158,699	\$583,526		\$226,832	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	\$7,915	\$36,547	\$0	(\$26,397)	\$6,017	\$9,677	(\$52,035)		\$34,106	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$616		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,012,097	\$3,097,706	\$0	\$824,193	\$128,777	\$168,376	\$531,491	\$616	\$260,938	\$0
8	Total Nursing Facility Days As Filed Days = 29,509	FY22 Audited C/R Days	29,509									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,509	FY22 GL-PL Ins Rpt Days								29,509		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.84	\$104.97	\$0.00	\$27.93	\$10.07	(with L&H)	\$18.01	\$0.02	\$8.84	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2441</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.37	\$0.00	\$27.93	\$10.07		\$18.01	\$0.02	\$8.84	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.16	\$84.37	\$0.00	\$27.93	\$10.07		\$18.01	\$0.02	11.76 (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	\$152.16	\$84.37	\$0.00	\$27.93	\$10.07	\$0.00	\$18.01	\$0.02	\$11.76	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3225</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.37	\$111.58	\$0.00	\$27.93	\$10.07	\$0.00	\$18.01	\$0.02	\$11.76	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$24.77	\$6.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$204.14	\$118.25	\$0.00	\$28.15	\$10.48	\$0.00	\$35.48	\$0.02	\$11.76	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.28									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EASTVIEW NURSING 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: 00140885A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4860	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.43%	1.0%	Quarterly Medicaid PDPM:			1.2843	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.43	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3098	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,666,411	\$1,922,568	\$0	\$372,754	\$519,067	\$0	\$767,719		\$84,303	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$218,281)	\$0	\$0	\$0	\$0	\$0	(\$168,543)		(\$49,738)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$172,895		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,738
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,670,763	\$1,922,568	\$0	\$372,754	\$519,067	\$0	\$599,176	\$172,895	\$34,565	\$49,738
8	Total Nursing Facility Days As Filed Days = 15,544	FY22 Audited C/R Days	15,544									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,544	FY22 GL-PL Ins Rpt Days								15,544		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$236.15	\$123.69	\$0.00	\$23.98	\$33.39	(with L&H)	\$38.55	\$11.12	\$2.22	\$3.20
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4860</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.24	\$0.00	\$23.98	\$33.39		\$38.55	\$11.12	\$2.22	\$3.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.20	\$83.24	\$0.00	\$23.98	\$33.22		\$38.55	\$11.12	9.89 (FRV)	\$3.20
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	\$203.20	\$83.24	\$0.00	\$23.98	\$33.22	\$0.00	\$38.55	\$11.12	\$9.89	\$3.20
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3098</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.99	\$109.03	\$0.00	\$23.98	\$33.22	\$0.00	\$38.55	\$11.12	\$9.89	\$3.20
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.96	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.21		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$22.42	\$4.89	\$0.00	\$0.22	\$0.00	\$0.00	\$17.31	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.41	\$113.92	\$0.00	\$24.20	\$33.22	\$0.00	\$55.86	\$11.12	\$9.89	\$3.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.73									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EFFINGHAM CARE & 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: 00140907A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2994	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		44.68%	2.5%	Quarterly Medicaid PDPM:			1.2740	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.61	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2996	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,505,662	\$5,219,920	\$0	\$1,321,447	\$809,724	\$1,040,263	\$1,824,290		\$290,018	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$19,924)	\$0	\$0	\$0	\$0	\$0	\$0		(\$19,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,924
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,505,662	\$5,219,920	\$0	\$1,321,447	\$809,724	\$1,040,263	\$1,824,290	\$0	\$270,094	\$19,924
8	Total Nursing Facility Days As Filed Days = 32,081	FY22 Audited C/R Days	32,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,081	FY22 GL-PL Ins Rpt Days								32,081		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$327.48	\$162.71	\$0.00	\$41.19	\$57.67	(with L&H)	\$56.87	\$0.00	\$8.42	\$0.62
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2994</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$125.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$125.22	\$0.00	\$41.19	\$57.67		\$56.87	\$0.00	\$8.42	\$0.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$239.79	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$0.00	13.24 (FRV)	\$0.62
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	\$239.79	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.00	\$13.24	\$0.62
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2996</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$152.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.92	\$152.38	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.00	\$13.24	\$0.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.81	\$3.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.62	\$7.62								
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	\$28.53	\$11.43	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$303.45	\$163.81	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.00	\$13.24	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$214.76									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SOUTHERN PINES				<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: 00140918A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4906	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		47.06%	5.5%	Quarterly Medicaid PDPM:			1.5182	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.55	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5494	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,771,117	\$1,854,040	\$0	\$384,698	\$585,766	\$0	\$769,744		\$176,869	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$197,565)	\$0	\$0	\$0	\$0	\$0	(\$119,239)		(\$78,326)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$124,033		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,326
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,775,911	\$1,854,040	\$0	\$384,698	\$585,766	\$0	\$650,505	\$124,033	\$98,543	\$78,326
8	Total Nursing Facility Days As Filed Days = 14,557	FY22 Audited C/R Days	14,557									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,557	FY22 GL-PL Ins Rpt Days								14,557		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.39	\$127.36	\$0.00	\$26.43	\$40.24	(with L&H)	\$44.69	\$8.52	\$6.77	\$5.38
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4906</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.44	\$0.00	\$26.43	\$40.24		\$44.69	\$8.52	\$6.77	\$5.38
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.03	\$85.44	\$0.00	\$26.43	\$33.22		\$38.83	\$8.52	38.21 (FRV)	\$5.38
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	\$236.03	\$85.44	\$0.00	\$26.43	\$33.22	\$0.00	\$38.83	\$8.52	\$38.21	\$5.38
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5494</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$132.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.97	\$132.38	\$0.00	\$26.43	\$33.22	\$0.00	\$38.83	\$8.52	\$38.21	\$5.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.28	\$7.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
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	\$27.78	\$10.46	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$310.75	\$142.84	\$0.00	\$26.65	\$33.22	\$0.00	\$55.93	\$8.52	\$38.21	\$5.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.24									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EMANUEL COUNTY NURSING HOME				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140929A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3291	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	30.77%	2.5%	Quarterly Medicaid PDPM:			1.4838	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.79	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5142	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,916,930	\$1,903,874	\$0	\$599,866	\$275,001	\$259,314	\$763,616		\$115,259	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$7,282)	\$0	\$0	\$0	\$0	\$0	(\$7,282)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$7,282		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,916,930	\$1,903,874	\$0	\$599,866	\$275,001	\$259,314	\$756,334	\$7,282	\$115,259	\$0
8	Total Nursing Facility Days As Filed Days = 14,352	FY22 Audited C/R Days	14,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,352	FY22 GL-PL Ins Rpt Days								14,352		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$272.93	\$132.66	\$0.00	\$41.80	\$37.23	(with L&H)	\$52.70	\$0.51	\$8.03	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3291</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.81	\$0.00	\$41.80	\$37.23		\$52.70	\$0.51	\$8.03	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$228.14	\$99.81	\$0.00	\$36.63	\$33.22		\$38.83	\$0.51	19.14 (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	\$228.14	\$99.81	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.51	\$19.14	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5142</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$151.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$279.46	\$151.13	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.51	\$19.14	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.78	\$3.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.94	\$8.84	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$305.40	\$159.97	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.51	\$19.14	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.23									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2781	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.38%	2.5%	Quarterly Medicaid PDPM:			1.4391	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.47	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4685	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,575,932	\$3,141,891	\$0	\$418,800	\$680,063	\$0	\$1,060,883		\$274,295	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$412,796)	(\$52,599)	\$0	\$0	\$6,900	\$9,561	(\$347,627)		(\$29,031)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$358,041		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,156
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,551,333	\$3,089,292	\$0	\$418,800	\$686,963	\$9,561	\$713,256	\$358,041	\$245,264	\$30,156
8	Total Nursing Facility Days As Filed Days = 20,287	FY22 Audited C/R Days	20,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,287	FY22 GL-PL Ins Rpt Days								20,287		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$273.64	\$152.28	\$0.00	\$20.64	\$34.33	(with L&H)	\$35.16	\$17.65	\$12.09	\$1.49
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2781</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$119.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$119.15	\$0.00	\$20.64	\$34.33		\$35.16	\$17.65	\$12.09	\$1.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.29	\$117.25	\$0.00	\$20.64	\$33.22		\$35.16	\$17.65	10.88 (FRV)	\$1.49
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	\$236.29	\$117.25	\$0.00	\$20.64	\$33.22	\$0.00	\$35.16	\$17.65	\$10.88	\$1.49
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4685</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$172.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.22	\$172.18	\$0.00	\$20.64	\$33.22	\$0.00	\$35.16	\$17.65	\$10.88	\$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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.30	\$4.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.61	\$8.61								
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	\$30.60	\$12.91	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$321.82	\$185.09	\$0.00	\$20.86	\$33.22	\$0.00	\$52.63	\$17.65	\$10.88	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$228.54									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FIFTH AVENUE HEALTH CARE				<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: 00140984A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3319	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.73%	2.5%	Quarterly Medicaid PDPM:			1.2744	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.56	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3000	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,201,159	\$2,578,043	\$0	\$557,358	\$680,225	\$0	\$796,650		\$588,883	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$243,300)	(\$113,798)	\$0	\$0	\$2,538	\$2,010	(\$85,167)		(\$48,883)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$142,916		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,209
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,149,984	\$2,464,245	\$0	\$557,358	\$682,763	\$2,010	\$711,483	\$142,916	\$540,000	\$49,209
8	Total Nursing Facility Days As Filed Days = 21,098	FY22 Audited C/R Days	21,098									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,098	FY22 GL-PL Ins Rpt Days								21,098		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.09	\$116.80	\$0.00	\$26.42	\$32.46	(with L&H)	\$33.72	\$6.77	\$25.59	\$2.33
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3319</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$26.42	\$32.46		\$33.72	\$6.77	\$25.59	\$2.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.40	\$87.69	\$0.00	\$26.42	\$32.46		\$33.72	\$6.77	13.01 (FRV)	\$2.33
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	\$202.40	\$87.69	\$0.00	\$26.42	\$32.46	\$0.00	\$33.72	\$6.77	\$13.01	\$2.33
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3000</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.00								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.71	\$114.00	\$0.00	\$26.42	\$32.46	\$0.00	\$33.72	\$6.77	\$13.01	\$2.33
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
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	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.47	\$119.66	\$0.00	\$26.64	\$32.87	\$0.00	\$51.19	\$6.77	\$13.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.53									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - FITZGERALD				<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: 00140995A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4005	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.47%	1.0%	Quarterly Medicaid PDPM:			1.4440	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.53	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4729	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,958,638	\$2,637,629	\$0	\$386,147	\$648,707	\$0	\$930,297		\$355,858	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$325,563)	(\$21,798)	\$0	\$1,655	(\$93)	(\$882)	(\$270,019)		(\$34,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$276,895		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,213
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,936,183	\$2,615,831	\$0	\$387,802	\$648,614	(\$882)	\$660,278	\$276,895	\$321,432	\$26,213
8	Total Nursing Facility Days As Filed Days = 24,583	FY22 Audited C/R Days	24,583									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,583	FY22 GL-PL Ins Rpt Days								24,583		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.81	\$106.41	\$0.00	\$15.78	\$26.35	(with L&H)	\$26.86	\$11.26	\$13.08	\$1.07
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4005</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.98	\$0.00	\$15.78	\$26.35		\$26.86	\$11.26	\$13.08	\$1.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.69	\$75.98	\$0.00	\$15.78	\$26.35		\$26.86	\$11.26	13.39 (FRV)	\$1.07
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	\$170.69	\$75.98	\$0.00	\$15.78	\$26.35	\$0.00	\$26.86	\$11.26	\$13.39	\$1.07
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4729</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.91								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.62	\$111.91	\$0.00	\$15.78	\$26.35	\$0.00	\$26.86	\$11.26	\$13.39	\$1.07
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.35	\$7.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.97	\$119.16	\$0.00	\$16.00	\$26.76	\$0.00	\$44.33	\$11.26	\$13.39	\$1.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FOLKSTON PARK CARE AND REHABILITATION CENTER Prvdr ID: 00141006A Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.21% Nurse Hours per On-Site Day/Quality Incentive: 2.26 Facility Score Add-on Percent 0.00% 2.5% 1.0% Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.2447 Quarterly Medicaid PDPM: 1.3666 Qtrly Mcaid PDPM w RUG Wght Options: 1.3950 Facility Specific 1.2447 1.3666 1.3950 State-wide 1.4040 1.4519 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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	<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 FY22 C/R - FY22 GL/PL Rpt	\$4,948,435	\$2,803,396	\$0	\$506,343	\$432,955	\$0	\$737,004		\$468,737	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$132,742)	(\$5,640)	\$0	\$0	\$0	\$0	(\$100,779)		(\$26,323)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,037		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,323
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,899,053	\$2,797,756	\$0	\$506,343	\$432,955	\$0	\$636,225	\$57,037	\$442,414	\$26,323
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,047 FY22 Audited C/R Days FY22 GL-PL Ins Rpt Days	27,047									
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.13	\$103.44	\$0.00	\$18.72	\$16.01	(with L&H)	\$23.52	\$2.11	\$16.36	\$0.97
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2447								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.11								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.11	\$0.00	\$18.72	\$16.01		\$23.52	\$2.11	\$16.36	\$0.97
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.70	\$83.11	\$0.00	\$18.72	\$16.01		\$23.52	\$2.11	10.26 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.70	\$83.11	\$0.00	\$18.72	\$16.01	\$0.00	\$23.52	\$2.11	\$10.26	\$0.97
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3950								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.53	\$115.94	\$0.00	\$18.72	\$16.01	\$0.00	\$23.52	\$2.11	\$10.26	\$0.97
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 =	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.16	\$1.16								
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	\$22.69	\$4.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$210.22	\$120.53	\$0.00	\$18.94	\$16.42	\$0.00	\$40.99	\$2.11	\$10.26	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.84									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4589	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.92%	1.0%	Quarterly Medicaid PDPM:			1.4438	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.48	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4729	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,114,867	\$2,273,070	\$0	\$381,911	\$454,706	\$0	\$874,369		\$130,811	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$287,432)	(\$21,828)	\$0	\$0	(\$905)	(\$2,336)	(\$239,877)		(\$22,486)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$255,238		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,740
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,102,413	\$2,251,242	\$0	\$381,911	\$453,801	(\$2,336)	\$634,492	\$255,238	\$108,325	\$19,740
8	Total Nursing Facility Days As Filed Days = 18,848	FY22 Audited C/R Days	18,848									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,848	FY22 GL-PL Ins Rpt Days								18,848		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.65	\$119.44	\$0.00	\$20.26	\$23.95	(with L&H)	\$33.66	\$13.54	\$5.75	\$1.05
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4589</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.87	\$0.00	\$20.26	\$23.95		\$33.66	\$13.54	\$5.75	\$1.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.51	\$81.87	\$0.00	\$20.26	\$23.95		\$33.66	\$13.54	10.18 (FRV)	\$1.05
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	\$184.51	\$81.87	\$0.00	\$20.26	\$23.95	\$0.00	\$33.66	\$13.54	\$10.18	\$1.05
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4729</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.23	\$120.59	\$0.00	\$20.26	\$23.95	\$0.00	\$33.66	\$13.54	\$10.18	\$1.05
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (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	\$25.87	\$7.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.10	\$128.36	\$0.00	\$20.48	\$24.36	\$0.00	\$51.13	\$13.54	\$10.18	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.00									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FORT VALLEY 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: 00141028A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6224	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.03%	1.0%	Quarterly Medicaid PDPM:			1.8195	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.18	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.8562	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,121,004	\$1,691,384	\$0	\$350,953	\$372,257	\$0	\$1,045,869		\$660,541	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$112,450)	(\$33,105)	\$0	\$0	\$0	\$0	(\$35,559)		(\$43,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,768		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$43,786
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,099,108	\$1,658,279	\$0	\$350,953	\$372,257	\$0	\$1,010,310	\$46,768	\$616,755	\$43,786
8	Total Nursing Facility Days As Filed Days = 14,583	FY22 Audited C/R Days	14,583									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,583	FY22 GL-PL Ins Rpt Days								14,583		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.09	\$113.71	\$0.00	\$24.07	\$25.53	(with L&H)	\$69.28	\$3.21	\$42.29	\$3.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6224</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.09	\$0.00	\$24.07	\$25.53		\$69.28	\$3.21	\$42.29	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.63	\$70.09	\$0.00	\$24.07	\$25.53		\$38.83	\$3.21	10.90 (FRV)	\$3.00
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	\$175.63	\$70.09	\$0.00	\$24.07	\$25.53	\$0.00	\$38.83	\$3.21	\$10.90	\$3.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.8562</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.64	\$130.10	\$0.00	\$24.07	\$25.53	\$0.00	\$38.83	\$3.21	\$10.90	\$3.00
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60								
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	\$22.16	\$4.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.80	\$134.53	\$0.00	\$24.29	\$25.94	\$0.00	\$55.93	\$3.21	\$10.90	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.53									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2920	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid PDPM:			1.3858	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.77	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4138	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,438,979	\$2,289,076	\$0	\$396,047	\$474,121	\$0	\$985,578		\$294,157	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$330,963)	(\$71,135)	\$0	\$0	(\$2,316)	(\$3,576)	(\$231,306)		(\$22,630)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$276,646		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,426
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,405,088	\$2,217,941	\$0	\$396,047	\$471,805	(\$3,576)	\$754,272	\$276,646	\$271,527	\$20,426
8	Total Nursing Facility Days As Filed Days = 19,818	FY22 Audited C/R Days	19,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,818	FY22 GL-PL Ins Rpt Days								19,818		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.28	\$111.92	\$0.00	\$19.98	\$23.63	(with L&H)	\$38.06	\$13.96	\$13.70	\$1.03
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2920</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.63	\$0.00	\$19.98	\$23.63		\$38.06	\$13.96	\$13.70	\$1.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.85	\$86.63	\$0.00	\$19.98	\$23.63		\$38.06	\$13.96	12.56 (FRV)	\$1.03
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	\$195.85	\$86.63	\$0.00	\$19.98	\$23.63	\$0.00	\$38.06	\$13.96	\$12.56	\$1.03
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4138</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.70	\$122.48	\$0.00	\$19.98	\$23.63	\$0.00	\$38.06	\$13.96	\$12.56	\$1.03
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.12	\$6.12								
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	\$25.97	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.67	\$130.35	\$0.00	\$20.20	\$24.04	\$0.00	\$55.53	\$13.96	\$12.56	\$1.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NEW HORIZONS LANIER 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: 00141072A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4774	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		14.63%	0.0%	Quarterly Medicaid PDPM:			1.3437	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.36	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3699	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$13,618,083	\$6,323,794	\$0	\$1,521,968	\$789,823	\$1,155,562	\$2,362,627		\$1,464,309	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$132,441)	\$0	\$0	\$0	\$0	\$0	(\$103,139)		(\$29,302)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,538		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,302
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,554,482	\$6,323,794	\$0	\$1,521,968	\$789,823	\$1,155,562	\$2,259,488	\$39,538	\$1,435,007	\$29,302
8	Total Nursing Facility Days As Filed Days = 34,967	FY22 Audited C/R Days	34,967									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,967	FY22 GL-PL Ins Rpt Days								34,967		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$387.64	\$180.85	\$0.00	\$43.53	\$55.63	(with L&H)	\$64.62	\$1.13	\$41.04	\$0.84
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4774</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$122.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$122.41	\$0.00	\$43.53	\$55.63		\$64.62	\$1.13	\$41.04	\$0.84
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$251.21	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.13	23.31 (FRV)	\$0.84
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	\$251.21	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.13	\$23.31	\$0.84
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3699</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$160.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$294.58	\$160.62	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.13	\$23.31	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.82	\$4.82								
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	\$21.92	\$4.82	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$316.50	\$165.44	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.13	\$23.31	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$224.55									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5221	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.50%	2.5%	Quarterly Medicaid PDPM:			1.5336	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.82	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5641	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$18,185,087	\$12,345,993	\$0	\$1,410,275	\$1,278,101	\$0	\$2,393,147		\$757,571	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$356,909)	(\$4,652)	\$0	(\$4,015)	\$0	\$9,699	(\$226,032)		(\$131,909)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,139		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$131,909
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$18,075,226	\$12,341,341	\$0	\$1,406,260	\$1,278,101	\$9,699	\$2,167,115	\$115,139	\$625,662	\$131,909
8	Total Nursing Facility Days As Filed Days = 74,031	FY22 Audited C/R Days	74,031									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 74,031	FY22 GL-PL Ins Rpt Days								74,031		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.17	\$166.71	\$0.00	\$19.00	\$17.40	(with L&H)	\$29.27	\$1.56	\$8.45	\$1.78
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5221</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$109.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$109.53	\$0.00	\$19.00	\$17.40		\$29.27	\$1.56	\$8.45	\$1.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.02	\$109.53	\$0.00	\$19.00	\$17.40		\$29.27	\$1.56	15.48 (FRV)	\$1.78
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	\$194.02	\$109.53	\$0.00	\$19.00	\$17.40	\$0.00	\$29.27	\$1.56	\$15.48	\$1.78
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5641</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$171.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.81	\$171.32	\$0.00	\$19.00	\$17.40	\$0.00	\$29.27	\$1.56	\$15.48	\$1.78
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.28	\$4.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
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	\$26.34	\$8.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$282.15	\$179.56	\$0.00	\$19.22	\$17.81	\$0.00	\$46.74	\$1.56	\$15.48	\$1.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.79									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GIBSON HEALTH OPCO 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: 00141116A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3362	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid PDPM:			1.2805	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.34	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3060	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,549,376	\$2,204,985	\$0	\$505,904	\$499,099	\$0	\$901,112		\$438,276	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$134,087)	(\$7,794)	\$0	\$0	\$1,626	\$2,191	(\$83,587)		(\$46,523)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,878
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,543,287	\$2,197,191	\$0	\$505,904	\$500,725	\$2,191	\$817,525	\$81,120	\$391,753	\$46,878
8	Total Nursing Facility Days As Filed Days = 19,599	FY22 Audited C/R Days	19,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,599	FY22 GL-PL Ins Rpt Days								19,599		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$231.81	\$112.11	\$0.00	\$25.81	\$25.66	(with L&H)	\$41.71	\$4.14	\$19.99	\$2.39
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3362</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.90	\$0.00	\$25.81	\$25.66		\$41.71	\$4.14	\$19.99	\$2.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.99	\$83.90	\$0.00	\$25.81	\$25.66		\$38.83	\$4.14	12.26 (FRV)	\$2.39
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	\$192.99	\$83.90	\$0.00	\$25.81	\$25.66	\$0.00	\$38.83	\$4.14	\$12.26	\$2.39
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3060</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.66	\$109.57	\$0.00	\$25.81	\$25.66	\$0.00	\$38.83	\$4.14	\$12.26	\$2.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$26.48	\$8.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.14	\$118.32	\$0.00	\$26.03	\$26.07	\$0.00	\$55.93	\$4.14	\$12.26	\$2.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.03									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.7748	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		19.23%	0.0%	Quarterly Medicaid PDPM:			1.7215	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.78	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7581	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,252,200	\$4,445,450	\$0	\$652,551	\$872,253	\$0	\$2,220,782		\$61,164	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$140,004)	\$0	\$0	\$0	\$7,645	\$14,783	(\$118,199)		(\$44,233)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,236		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,370
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,268,802	\$4,445,450	\$0	\$652,551	\$879,898	\$14,783	\$2,102,583	\$111,236	\$16,931	\$45,370
8	Total Nursing Facility Days As Filed Days = 31,291	FY22 Audited C/R Days	31,291									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,291	FY22 GL-PL Ins Rpt Days								31,291		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$264.24	\$142.07	\$0.00	\$20.85	\$28.59	(with L&H)	\$67.19	\$3.55	\$0.54	\$1.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.7748</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.05	\$0.00	\$20.85	\$28.59		\$67.19	\$3.55	\$0.54	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.60	\$80.05	\$0.00	\$20.85	\$28.59		\$38.83	\$3.55	22.28 (FRV)	\$1.45
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	\$195.60	\$80.05	\$0.00	\$20.85	\$28.59	\$0.00	\$38.83	\$3.55	\$22.28	\$1.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7581</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.29	\$140.74	\$0.00	\$20.85	\$28.59	\$0.00	\$38.83	\$3.55	\$22.28	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.63	\$5.63								
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	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.18	\$146.90	\$0.00	\$21.07	\$29.00	\$0.00	\$55.93	\$3.55	\$22.28	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.31									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2959	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		14.29%	0.0%	Quarterly Medicaid PDPM:			1.1218	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.63	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.1439	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,400,597	\$2,780,954	\$0	\$437,687	\$479,439	\$0	\$722,739		\$979,778	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$112,110)	(\$4,470)	\$0	\$0	\$0	\$0	(\$71,218)		(\$36,422)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$65,385		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,422
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,390,294	\$2,776,484	\$0	\$437,687	\$479,439	\$0	\$651,521	\$65,385	\$943,356	\$36,422
8	Total Nursing Facility Days As Filed Days = 30,461	FY22 Audited C/R Days	30,461									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,461	FY22 GL-PL Ins Rpt Days								30,461		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.97	\$91.15	\$0.00	\$14.37	\$15.74	(with L&H)	\$21.39	\$2.15	\$30.97	\$1.20
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2959</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.34	\$0.00	\$14.37	\$15.74		\$21.39	\$2.15	\$30.97	\$1.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.06	\$70.34	\$0.00	\$14.37	\$15.74		\$21.39	\$2.15	10.87 (FRV)	\$1.20
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	\$136.06	\$70.34	\$0.00	\$14.37	\$15.74	\$0.00	\$21.39	\$2.15	\$10.87	\$1.20
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1439</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$80.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.18	\$80.46	\$0.00	\$14.37	\$15.74	\$0.00	\$21.39	\$2.15	\$10.87	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$21.04	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$167.22	\$83.40	\$0.00	\$14.59	\$16.15	\$0.00	\$38.86	\$2.15	\$10.87	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.59									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ARCHBOLD LIVING THOMASVILLE				<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: 00141149A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3879	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.41%	1.0%	Quarterly Medicaid PDPM:			1.3447	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.35	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3704	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,760,866	\$2,832,144	\$0	\$466,188	\$395,358	\$371,863	\$1,145,196		\$550,117	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$45,606)	\$683	\$0	\$0	(\$5,756)	(\$5,413)	(\$26,550)		(\$8,570)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$26,550		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,446
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,750,256	\$2,832,827	\$0	\$466,188	\$389,602	\$366,450	\$1,118,646	\$26,550	\$541,547	\$8,446
8	Total Nursing Facility Days As Filed Days = 18,106	FY22 Audited C/R Days	18,108									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,106	FY22 GL-PL Ins Rpt Days								18,108		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$317.56	\$156.44	\$0.00	\$25.74	\$41.75	(with L&H)	\$61.78	\$1.47	\$29.91	\$0.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3879</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$112.71	\$0.00	\$25.74	\$41.75		\$61.78	\$1.47	\$29.91	\$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.91	\$112.71	\$0.00	\$25.74	\$33.22		\$38.83	\$1.47	11.47 (FRV)	\$0.47
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	\$223.91	\$112.71	\$0.00	\$25.74	\$33.22	\$0.00	\$38.83	\$1.47	\$11.47	\$0.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3704</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.66	\$154.46	\$0.00	\$25.74	\$33.22	\$0.00	\$38.83	\$1.47	\$11.47	\$0.47
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$24.02	\$6.70	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.68	\$161.16	\$0.00	\$25.96	\$33.22	\$0.00	\$55.93	\$1.47	\$11.47	\$0.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.44									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GLENVUE 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: 00141171A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2738	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		24.69%	1.0%	Quarterly Medicaid PDPM:			1.4135	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.58	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4409	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,509,339	\$3,395,421	\$0	\$766,826	\$647,305	\$0	\$1,234,681		\$1,465,106	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$323,207)	(\$3,885)	\$0	\$0	\$0	\$0	(\$240,773)		(\$78,549)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$240,773		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,549
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,505,454	\$3,391,536	\$0	\$766,826	\$647,305	\$0	\$993,908	\$240,773	\$1,386,557	\$78,549
8	Total Nursing Facility Days As Filed Days = 34,906	FY22 Audited C/R Days	34,906									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,906	FY22 GL-PL Ins Rpt Days								34,906		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$215.01	\$97.16	\$0.00	\$21.97	\$18.54	(with L&H)	\$28.47	\$6.90	\$39.72	\$2.25
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2738</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.28	\$0.00	\$21.97	\$18.54		\$28.47	\$6.90	\$39.72	\$2.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.74	\$76.28	\$0.00	\$21.97	\$18.54		\$28.47	\$6.90	11.33 (FRV)	\$2.25
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	\$165.74	\$76.28	\$0.00	\$21.97	\$18.54	\$0.00	\$28.47	\$6.90	\$11.33	\$2.25
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4409</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.91								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.37	\$109.91	\$0.00	\$21.97	\$18.54	\$0.00	\$28.47	\$6.90	\$11.33	\$2.25
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
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	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.40	\$114.84	\$0.00	\$22.19	\$18.95	\$0.00	\$45.94	\$6.90	\$11.33	\$2.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.98									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GRACEMORE NURSING 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: 00141182A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3020	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.91%	1.0%	Quarterly Medicaid PDPM:			1.3472	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.64	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3749	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,319,134	\$1,826,386	\$0	\$418,772	\$444,397	\$0	\$563,452		\$66,127	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$74,295)	\$0	\$0	\$0	\$0	\$19	(\$51,150)		(\$23,164)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,922		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,164
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,317,925	\$1,826,386	\$0	\$418,772	\$444,397	\$19	\$512,302	\$49,922	\$42,963	\$23,164
8	Total Nursing Facility Days As Filed Days = 13,261	FY22 Audited C/R Days	13,261									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,261	FY22 GL-PL Ins Rpt Days								13,261		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.20	\$137.73	\$0.00	\$31.58	\$33.51	(with L&H)	\$38.63	\$3.76	\$3.24	\$1.75
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3020</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$105.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105.78	\$0.00	\$31.58	\$33.51		\$38.63	\$3.76	\$3.24	\$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.79	\$105.78	\$0.00	\$30.35	\$33.22		\$38.63	\$3.76	9.30 (FRV)	\$1.75
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	\$222.79	\$105.78	\$0.00	\$30.35	\$33.22	\$0.00	\$38.63	\$3.76	\$9.30	\$1.75
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3749</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$262.45	\$145.44	\$0.00	\$30.35	\$33.22	\$0.00	\$38.63	\$3.76	\$9.30	\$1.75
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.68	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.15		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.45	\$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.27	\$7.27								
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	\$26.50	\$9.25	\$0.00	\$0.00	\$0.00	\$0.00	\$17.25	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$288.95	\$154.69	\$0.00	\$30.35	\$33.22	\$0.00	\$55.88	\$3.76	\$9.30	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.89									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4706	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid PDPM:			1.5342	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.92	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5658	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,800,880	\$2,629,743	\$0	\$489,276	\$529,396	\$0	\$870,807		\$281,658	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$355,245)	(\$23,953)	\$0	\$0	\$0	\$0	(\$277,571)		(\$53,721)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$255,098		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$90,100
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,790,833	\$2,605,790	\$0	\$489,276	\$529,396	\$0	\$593,236	\$255,098	\$227,937	\$90,100
8	Total Nursing Facility Days As Filed Days = 21,743	FY22 Audited C/R Days	21,743									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,743	FY22 GL-PL Ins Rpt Days								21,743		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.33	\$119.85	\$0.00	\$22.50	\$24.35	(with L&H)	\$27.28	\$11.73	\$10.48	\$4.14
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4706</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.49								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.49	\$0.00	\$22.50	\$24.35		\$27.28	\$11.73	\$10.48	\$4.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.46	\$81.49	\$0.00	\$22.50	\$24.35		\$27.28	\$11.73	12.97 (FRV)	\$4.14
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	\$184.46	\$81.49	\$0.00	\$22.50	\$24.35	\$0.00	\$27.28	\$11.73	\$12.97	\$4.14
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5658</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.57	\$127.60	\$0.00	\$22.50	\$24.35	\$0.00	\$27.28	\$11.73	\$12.97	\$4.14
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.86	\$135.79	\$0.00	\$22.72	\$24.76	\$0.00	\$44.75	\$11.73	\$12.97	\$4.14
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.82									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GRANDVIEW 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: 00141226A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5949	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.32%	1.0%	Quarterly Medicaid PDPM:			1.4597	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.72	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4903	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,475,008	\$3,197,537	\$0	\$387,126	\$308,239	\$0	\$794,382		\$787,724	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$147,186)	\$0	\$0	\$0	\$0	\$0	(\$91,106)		(\$56,080)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,106		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$56,080
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,475,008	\$3,197,537	\$0	\$387,126	\$308,239	\$0	\$703,276	\$91,106	\$731,644	\$56,080
8	Total Nursing Facility Days As Filed Days = 19,444	FY22 Audited C/R Days	19,444									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,444	FY22 GL-PL Ins Rpt Days								19,444		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.58	\$164.45	\$0.00	\$19.91	\$15.85	(with L&H)	\$36.17	\$4.69	\$37.63	\$2.88
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5949</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$103.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.11	\$0.00	\$19.91	\$15.85		\$36.17	\$4.69	\$37.63	\$2.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.10	\$103.11	\$0.00	\$19.91	\$15.85		\$36.17	\$4.69	13.49 (FRV)	\$2.88
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	\$196.10	\$103.11	\$0.00	\$19.91	\$15.85	\$0.00	\$36.17	\$4.69	\$13.49	\$2.88
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4903</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$153.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.65	\$153.66	\$0.00	\$19.91	\$15.85	\$0.00	\$36.17	\$4.69	\$13.49	\$2.88
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.54	\$1.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
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	\$23.24	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.89	\$158.80	\$0.00	\$20.13	\$16.26	\$0.00	\$53.64	\$4.69	\$13.49	\$2.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.59									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: AZALEALAND 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: 00141237A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5877	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		60.53%	5.5%	Quarterly Medicaid PDPM:			1.5300	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.72	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5597	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,269,197	\$3,576,585	\$0	\$891,219	\$626,013	\$0	\$1,342,756		\$832,624	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$213,641)	(\$3,036)	\$0	\$0	\$114	\$1,420	(\$124,242)		(\$87,897)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$124,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$87,934
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,267,732	\$3,573,549	\$0	\$891,219	\$626,127	\$1,420	\$1,218,514	\$124,242	\$744,727	\$87,934
8	Total Nursing Facility Days As Filed Days = 29,158	FY22 Audited C/R Days	29,158									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,158	FY22 GL-PL Ins Rpt Days								29,158		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.26	\$122.56	\$0.00	\$30.57	\$21.52	(with L&H)	\$41.79	\$4.26	\$25.54	\$3.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5877</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.19								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.19	\$0.00	\$30.57	\$21.52		\$41.79	\$4.26	\$25.54	\$3.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.42	\$77.19	\$0.00	\$30.35	\$21.52		\$38.83	\$4.26	19.25 (FRV)	\$3.02
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	\$194.42	\$77.19	\$0.00	\$30.35	\$21.52	\$0.00	\$38.83	\$4.26	\$19.25	\$3.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5597</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.62	\$120.39	\$0.00	\$30.35	\$21.52	\$0.00	\$38.83	\$4.26	\$19.25	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.62	\$6.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$28.27	\$10.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$265.89	\$131.15	\$0.00	\$30.35	\$21.93	\$0.00	\$55.93	\$4.26	\$19.25	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.59									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ROSWELL NURSING & REHAB 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: 00141248A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4840	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid PDPM:			1.4553	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.57	1.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4844	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$16,471,725	\$8,469,507	\$0	\$1,295,738	\$1,300,358	\$0	\$2,797,869		\$2,608,253	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$250,549)	(\$247,847)	\$0	(\$618)	\$5,546	(\$2,148)	\$201,430		(\$206,912)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,547		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$222,111
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$16,482,834	\$8,221,660	\$0	\$1,295,120	\$1,305,904	(\$2,148)	\$2,999,299	\$39,547	\$2,401,341	\$222,111
8	Total Nursing Facility Days As Filed Days = 63,441	FY22 Audited C/R Days	63,441									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,441	FY22 GL-PL Ins Rpt Days								63,441		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.81	\$129.60	\$0.00	\$20.41	\$20.55	(with L&H)	\$47.28	\$0.62	\$37.85	\$3.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4840								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.33								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.33	\$0.00	\$20.41	\$20.55		\$47.28	\$0.62	\$37.85	\$3.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.75	\$87.33	\$0.00	\$20.41	\$20.55		\$38.83	\$0.62	11.51 (FRV)	\$3.50
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	\$182.75	\$87.33	\$0.00	\$20.41	\$20.55	\$0.00	\$38.83	\$0.62	\$11.51	\$3.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.4844								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.05	\$129.63	\$0.00	\$20.41	\$20.55	\$0.00	\$38.83	\$0.62	\$11.51	\$3.50
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.30	\$1.30								
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	\$20.86	\$3.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.91	\$132.76	\$0.00	\$20.63	\$20.96	\$0.00	\$55.93	\$0.62	\$11.51	\$3.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.61									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PREMIER ESTATES OF DUBLIN, 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: 00141281A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4747	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.03%	1.0%	Quarterly Medicaid PDPM:			1.2512	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.11	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2761	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,296,958	\$3,435,600	\$0	\$569,730	\$556,176	\$0	\$1,511,741		\$1,223,711	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$209,743)	(\$33,477)	\$0	\$0	\$0	\$0	(\$157,050)		(\$19,216)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$135,329		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,497
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,261,041	\$3,402,123	\$0	\$569,730	\$556,176	\$0	\$1,354,691	\$135,329	\$1,204,495	\$38,497
8	Total Nursing Facility Days As Filed Days = 29,448	FY22 Audited C/R Days	29,448									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,448	FY22 GL-PL Ins Rpt Days								29,448		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$246.58	\$115.53	\$0.00	\$19.35	\$18.89	(with L&H)	\$46.00	\$4.60	\$40.90	\$1.31
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4747</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.34	\$0.00	\$19.35	\$18.89		\$46.00	\$4.60	\$40.90	\$1.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.02	\$78.34	\$0.00	\$19.35	\$18.89		\$38.83	\$4.60	9.70 (FRV)	\$1.31
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	\$171.02	\$78.34	\$0.00	\$19.35	\$18.89	\$0.00	\$38.83	\$4.60	\$9.70	\$1.31
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2761</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$99.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.65	\$99.97	\$0.00	\$19.35	\$18.89	\$0.00	\$38.83	\$4.60	\$9.70	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
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	\$21.26	\$3.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$213.91	\$103.50	\$0.00	\$19.57	\$19.30	\$0.00	\$55.93	\$4.60	\$9.70	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.61									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NEW HORIZONS HABERSHAM				<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: 00141292A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3391	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.04%	2.5%	Quarterly Medicaid PDPM:			1.2689	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.86	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2943	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,333,549	\$3,506,800	\$0	\$1,260,191	\$399,789	\$219,693	\$979,488		\$967,588	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$157,065)	(\$182,330)	\$0	\$0	(\$4,233)	(\$2,326)	\$110,640		(\$78,816)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,690		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$77,981
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,326,155	\$3,324,470	\$0	\$1,260,191	\$395,556	\$217,367	\$1,090,128	\$71,690	\$888,772	\$77,981
8	Total Nursing Facility Days As Filed Days = 26,027	FY22 Audited C/R Days	26,027									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,027	FY22 GL-PL Ins Rpt Days								26,027		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.48	\$127.73	\$0.00	\$48.42	\$23.55	(with L&H)	\$41.88	\$2.75	\$34.15	\$3.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3391</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$48.42	\$23.55		\$41.88	\$2.75	\$34.15	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.44	\$95.38	\$0.00	\$36.63	\$23.55		\$38.83	\$2.75	11.30 (FRV)	\$3.00
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	\$211.44	\$95.38	\$0.00	\$36.63	\$23.55	\$0.00	\$38.83	\$2.75	\$11.30	\$3.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2943</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.45								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.51	\$123.45	\$0.00	\$36.63	\$23.55	\$0.00	\$38.83	\$2.75	\$11.30	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
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	\$24.83	\$7.32	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.34	\$130.77	\$0.00	\$36.63	\$23.96	\$0.00	\$55.93	\$2.75	\$11.30	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4565	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.68%	1.0%	Quarterly Medicaid PDPM:			1.4092	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.10	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4375	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,033,937	\$3,223,160	\$0	\$551,838	\$587,572	\$0	\$1,261,662		\$409,705	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$358,231)	(\$3,933)	\$0	\$0	\$4,822	\$4,534	(\$279,000)		(\$84,654)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$279,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$86,002
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,040,708	\$3,219,227	\$0	\$551,838	\$592,394	\$4,534	\$982,662	\$279,000	\$325,051	\$86,002
8	Total Nursing Facility Days As Filed Days = 35,085	FY22 Audited C/R Days	35,085									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,085	FY22 GL-PL Ins Rpt Days								35,085		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$172.17	\$91.76	\$0.00	\$15.73	\$17.01	(with L&H)	\$28.01	\$7.95	\$9.26	\$2.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4565</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$63.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.00	\$0.00	\$15.73	\$17.01		\$28.01	\$7.95	\$9.26	\$2.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.16	\$63.00	\$0.00	\$15.73	\$17.01		\$28.01	\$7.95	14.01 (FRV)	\$2.45
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	\$148.16	\$63.00	\$0.00	\$15.73	\$17.01	\$0.00	\$28.01	\$7.95	\$14.01	\$2.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4375</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$90.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.72	\$90.56	\$0.00	\$15.73	\$17.01	\$0.00	\$28.01	\$7.95	\$14.01	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$24.07	\$5.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$199.79	\$96.53	\$0.00	\$15.95	\$17.42	\$0.00	\$45.48	\$7.95	\$14.01	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.02									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARALSON NSG & REHAB 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: 00141325A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4437	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		12.50%	0.0%	Quarterly Medicaid PDPM:			1.5561	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.17	2.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5875	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,600,596	\$3,883,784	\$0	\$711,087	\$621,016	\$0	\$1,321,877		\$1,062,832	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$181,319)	(\$40,372)	\$0	(\$11,292)	(\$7,016)	\$6,270	(\$84,002)		(\$44,907)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$17,708		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$44,031
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,481,016	\$3,843,412	\$0	\$699,795	\$614,000	\$6,270	\$1,237,875	\$17,708	\$1,017,925	\$44,031
8	Total Nursing Facility Days As Filed Days = 35,052	FY22 Audited C/R Days	35,052									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,052	FY22 GL-PL Ins Rpt Days								35,052		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.44	\$109.65	\$0.00	\$19.96	\$17.70	(with L&H)	\$35.32	\$0.51	\$29.04	\$1.26
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4437</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.95	\$0.00	\$19.96	\$17.70		\$35.32	\$0.51	\$29.04	\$1.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.35	\$75.95	\$0.00	\$19.96	\$17.70		\$35.32	\$0.51	10.65 (FRV)	\$1.26
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	\$161.35	\$75.95	\$0.00	\$19.96	\$17.70	\$0.00	\$35.32	\$0.51	\$10.65	\$1.26
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5875</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.97	\$120.57	\$0.00	\$19.96	\$17.70	\$0.00	\$35.32	\$0.51	\$10.65	\$1.26
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>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$21.04	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$227.01	\$123.51	\$0.00	\$20.18	\$18.11	\$0.00	\$52.79	\$0.51	\$10.65	\$1.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NANCY HART OPERATION 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: 00141336A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4705	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		17.02%	0.0%	Quarterly Medicaid PDPM:			1.4294	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.20	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4581	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,123,666	\$2,380,367	\$0	\$417,888	\$387,039	\$0	\$760,421		\$177,951	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$78,586)	(\$25,684)	\$0	\$0	\$301	(\$2,649)	(\$43,112)		(\$7,442)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,289		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,895
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,114,264	\$2,354,683	\$0	\$417,888	\$387,340	(\$2,649)	\$717,309	\$61,289	\$170,509	\$7,895
8	Total Nursing Facility Days As Filed Days = 18,307	FY22 Audited C/R Days	18,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,307	FY22 GL-PL Ins Rpt Days								18,340		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.34	\$128.39	\$0.00	\$22.79	\$20.98	(with L&H)	\$39.11	\$3.34	\$9.30	\$0.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4705</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.31	\$0.00	\$22.79	\$20.98		\$39.11	\$3.34	\$9.30	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.17	\$87.31	\$0.00	\$22.79	\$20.98		\$38.83	\$3.34	9.49 (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	\$183.17	\$87.31	\$0.00	\$22.79	\$20.98	\$0.00	\$38.83	\$3.34	\$9.49	\$0.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4581</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.31								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.17	\$127.31	\$0.00	\$22.79	\$20.98	\$0.00	\$38.83	\$3.34	\$9.49	\$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)	\$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 Srvcs)	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 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	\$20.81	\$3.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.98	\$130.39	\$0.00	\$23.01	\$21.39	\$0.00	\$55.93	\$3.34	\$9.49	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.16									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HEART OF GEORGIA 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: 00141358A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.7912	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.92%	1.0%	Quarterly Medicaid PDPM:			1.4585	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.62	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4883	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,423,611	\$3,149,992	\$0	\$652,255	\$504,772	\$0	\$1,094,715		\$4,021,877	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$36,797)	(\$2,470)	\$0	\$1,820	\$14,758	\$11,732	(\$43,560)		(\$19,077)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$43,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,128
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,448,502	\$3,147,522	\$0	\$654,075	\$519,530	\$11,732	\$1,051,155	\$43,560	\$4,002,800	\$18,128
8	Total Nursing Facility Days As Filed Days = 33,424	FY22 Audited C/R Days	33,424									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,424	FY22 GL-PL Ins Rpt Days								33,424		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$282.68	\$94.17	\$0.00	\$19.57	\$15.89	(with L&H)	\$31.45	\$1.30	\$119.76	\$0.54
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.7912</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$52.57								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$52.57	\$0.00	\$19.57	\$15.89		\$31.45	\$1.30	\$119.76	\$0.54
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.47	\$52.57	\$0.00	\$19.57	\$15.89		\$31.45	\$1.30	13.15 (FRV)	\$0.54
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	\$134.47	\$52.57	\$0.00	\$19.57	\$15.89	\$0.00	\$31.45	\$1.30	\$13.15	\$0.54
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4883</u>								
18	Qtrtry Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$78.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.14	\$78.24	\$0.00	\$19.57	\$15.89	\$0.00	\$31.45	\$1.30	\$13.15	\$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 = <u>1.0%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine SrvcS)	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	\$24.10	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$184.24	\$84.24	\$0.00	\$19.79	\$16.30	\$0.00	\$48.92	\$1.30	\$13.15	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.36									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5710	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.83%	1.0%	Quarterly Medicaid PDPM:			1.5918	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.96	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6237	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,897,499	\$3,160,164	\$0	\$486,166	\$722,743	\$0	\$1,103,961		\$424,465	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$415,299)	(\$31,671)	\$0	\$4,937	\$4,488	\$5,218	(\$342,823)		(\$55,448)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$347,580		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,640
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,876,420	\$3,128,493	\$0	\$491,103	\$727,231	\$5,218	\$761,138	\$347,580	\$369,017	\$46,640
8	Total Nursing Facility Days As Filed Days = 26,992	FY22 Audited C/R Days	26,992									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,992	FY22 GL-PL Ins Rpt Days								26,992		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.71	\$115.90	\$0.00	\$18.19	\$27.14	(with L&H)	\$28.20	\$12.88	\$13.67	\$1.73
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5710</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.78	\$0.00	\$18.19	\$27.14		\$28.20	\$12.88	\$13.67	\$1.73
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.81	\$73.78	\$0.00	\$18.19	\$27.14		\$28.20	\$12.88	12.89 (FRV)	\$1.73
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	\$174.81	\$73.78	\$0.00	\$18.19	\$27.14	\$0.00	\$28.20	\$12.88	\$12.89	\$1.73
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6237</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.83	\$119.80	\$0.00	\$18.19	\$27.14	\$0.00	\$28.20	\$12.88	\$12.89	\$1.73
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.82	\$7.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.65	\$127.52	\$0.00	\$18.41	\$27.55	\$0.00	\$45.67	\$12.88	\$12.89	\$1.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.16									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - ATHENS HERITAGE				<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: 00141391A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5155	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.67%	0.0%	Quarterly Medicaid PDPM:			1.6252	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.22	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6588	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,316,313	\$4,970,466	\$0	\$655,842	\$789,742	\$0	\$1,445,523		\$454,740	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$514,204)	(\$166,901)	\$0	\$0	\$5,039	\$4,675	(\$223,555)		(\$133,462)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$368,675		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$121,055
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,291,839	\$4,803,565	\$0	\$655,842	\$794,781	\$4,675	\$1,221,968	\$368,675	\$321,278	\$121,055
8	Total Nursing Facility Days As Filed Days = 33,047	FY22 Audited C/R Days	33,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,047	FY22 GL-PL Ins Rpt Days								33,047		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.92	\$145.36	\$0.00	\$19.85	\$24.19	(with L&H)	\$36.98	\$11.16	\$9.72	\$3.66
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5155</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.92	\$0.00	\$19.85	\$24.19		\$36.98	\$11.16	\$9.72	\$3.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.89	\$95.92	\$0.00	\$19.85	\$24.19		\$36.98	\$11.16	17.13 (FRV)	\$3.66
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	\$208.89	\$95.92	\$0.00	\$19.85	\$24.19	\$0.00	\$36.98	\$11.16	\$17.13	\$3.66
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6588</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.08	\$159.11	\$0.00	\$19.85	\$24.19	\$0.00	\$36.98	\$11.16	\$17.13	\$3.66
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>0.0%</u> (to Routine Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.36	\$6.36								
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	\$24.99	\$6.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$297.07	\$166.00	\$0.00	\$20.07	\$24.60	\$0.00	\$54.45	\$11.16	\$17.13	\$3.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.98									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF ST SIMONS REHAB & NURSING 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: 00141402A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.7562	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		43.59%	2.5%	Quarterly Medicaid PDPM:			1.8118	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.16	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.8505	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,804,217	\$2,472,526	\$0	\$567,300	\$640,283	\$0	\$1,220,964		\$903,144	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$328,511)	(\$6,718)	\$0	\$0	\$0	\$0	(\$203,316)		(\$118,477)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$210,034		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$118,477
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,804,217	\$2,465,808	\$0	\$567,300	\$640,283	\$0	\$1,017,648	\$210,034	\$784,667	\$118,477
8	Total Nursing Facility Days As Filed Days = 18,911	FY22 Audited C/R Days	18,911									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,911	FY22 GL-PL Ins Rpt Days								18,911		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$306.92	\$130.39	\$0.00	\$30.00	\$33.86	(with L&H)	\$53.81	\$11.11	\$41.49	\$6.26
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.7562</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.24	\$0.00	\$30.00	\$33.86		\$53.81	\$11.11	\$41.49	\$6.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.56	\$74.24	\$0.00	\$30.00	\$33.22		\$38.83	\$11.11	11.90 (FRV)	\$6.26
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	\$205.56	\$74.24	\$0.00	\$30.00	\$33.22	\$0.00	\$38.83	\$11.11	\$11.90	\$6.26
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.8505</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$268.70	\$137.38	\$0.00	\$30.00	\$33.22	\$0.00	\$38.83	\$11.11	\$11.90	\$6.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.43	\$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.12	\$4.12								
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	\$25.40	\$8.08	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.10	\$145.46	\$0.00	\$30.22	\$33.22	\$0.00	\$55.93	\$11.11	\$11.90	\$6.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.75									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARTWELL 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: 00141413A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3782	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.88%	1.0%	Quarterly Medicaid PDPM:			1.4148	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.94	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4437	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,473,341	\$2,814,769	\$0	\$672,777	\$572,301	\$0	\$1,199,354		\$214,140	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$131,786)	\$0	\$0	\$0	\$0	\$0	(\$121,293)		(\$10,493)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$10,493
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,423,808	\$2,814,769	\$0	\$672,777	\$572,301	\$0	\$1,078,061	\$71,760	\$203,647	\$10,493
8	Total Nursing Facility Days As Filed Days = 23,894	FY22 Audited C/R Days	23,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,894	FY22 GL-PL Ins Rpt Days								23,894		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.99	\$117.80	\$0.00	\$28.16	\$23.95	(with L&H)	\$45.12	\$3.00	\$8.52	\$0.44
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3782</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.48	\$0.00	\$28.16	\$23.95		\$45.12	\$3.00	\$8.52	\$0.44
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.95	\$85.48	\$0.00	\$28.16	\$23.95		\$38.83	\$3.00	11.09 (FRV)	\$0.44
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	\$190.95	\$85.48	\$0.00	\$28.16	\$23.95	\$0.00	\$38.83	\$3.00	\$11.09	\$0.44
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4437</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.88	\$123.41	\$0.00	\$28.16	\$23.95	\$0.00	\$38.83	\$3.00	\$11.09	\$0.44
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.17	\$6.17								
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	\$25.66	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.54	\$131.34	\$0.00	\$28.38	\$24.36	\$0.00	\$55.93	\$3.00	\$11.09	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.08									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MONROE				<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: 00141468A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3626	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.54%	1.0%	Quarterly Medicaid PDPM:			1.3088	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.31	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3343	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,670,602	\$2,511,260	\$0	\$394,467	\$663,397	\$0	\$858,378		\$243,100	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$305,545)	(\$32,415)	\$0	\$0	\$1,089	\$1,362	(\$274,173)		(\$1,408)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,231		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,659,288	\$2,478,845	\$0	\$394,467	\$664,486	\$1,362	\$584,205	\$294,231	\$241,692	\$0
8	Total Nursing Facility Days As Filed Days = 18,863	FY22 Audited C/R Days	18,863									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,863	FY22 GL-PL Ins Rpt Days								18,863		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$247.00	\$131.41	\$0.00	\$20.91	\$35.30	(with L&H)	\$30.97	\$15.60	\$12.81	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3626</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.44	\$0.00	\$20.91	\$35.30		\$30.97	\$15.60	\$12.81	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.10	\$96.44	\$0.00	\$20.91	\$33.22		\$30.97	\$15.60	10.96 (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	\$208.10	\$96.44	\$0.00	\$20.91	\$33.22	\$0.00	\$30.97	\$15.60	\$10.96	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3343</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.34	\$128.68	\$0.00	\$20.91	\$33.22	\$0.00	\$30.97	\$15.60	\$10.96	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.43	\$6.43								
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	\$25.94	\$8.25	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$266.28	\$136.93	\$0.00	\$21.13	\$33.22	\$0.00	\$48.44	\$15.60	\$10.96	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.89									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - HOLLY HILL, 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: 00141479A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4241	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		12.07%	0.0%	Quarterly Medicaid PDPM:			1.4759	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.11	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5064	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,859,313	\$4,302,438	\$0	\$525,736	\$597,937	\$0	\$1,054,803		\$378,399	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$337,879)	(\$27,618)	\$0	\$1,955	\$1,164	(\$1,871)	(\$306,422)		(\$5,087)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,898
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,906,828	\$4,274,820	\$0	\$527,691	\$599,101	(\$1,871)	\$748,381	\$354,496	\$373,312	\$30,898
8	Total Nursing Facility Days As Filed Days = 30,261	FY22 Audited C/R Days	30,261									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,261	FY22 GL-PL Ins Rpt Days								30,261		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.24	\$141.26	\$0.00	\$17.44	\$19.74	(with L&H)	\$24.73	\$11.71	\$12.34	\$1.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4241</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.20								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.20	\$0.00	\$17.44	\$19.74		\$24.73	\$11.71	\$12.34	\$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.30	\$99.20	\$0.00	\$17.44	\$19.74		\$24.73	\$11.71	11.46 (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	\$185.30	\$99.20	\$0.00	\$17.44	\$19.74	\$0.00	\$24.73	\$11.71	\$11.46	\$1.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5064</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$149.43								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.53	\$149.43	\$0.00	\$17.44	\$19.74	\$0.00	\$24.73	\$11.71	\$11.46	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.47	\$7.47								
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	\$26.10	\$8.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.63	\$157.43	\$0.00	\$17.66	\$20.15	\$0.00	\$42.20	\$11.71	\$11.46	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.40									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WYNFIELD PARK 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: 00141512A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3814	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		24.41%	1.0%	Quarterly Medicaid PDPM:			1.3623	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.11	6.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3891	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,109,628	\$5,587,047	\$0	\$1,336,072	\$1,248,330	\$0	\$2,123,798		\$814,381	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$166,043)	\$0	\$0	\$0	\$7,445	\$8,395	(\$153,774)		(\$28,109)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$145,080		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,466
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,117,131	\$5,587,047	\$0	\$1,336,072	\$1,255,775	\$8,395	\$1,970,024	\$145,080	\$786,272	\$28,466
8	Total Nursing Facility Days As Filed Days = 45,959	FY22 Audited C/R Days	45,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,959	FY22 GL-PL Ins Rpt Days								45,959		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$241.90	\$121.57	\$0.00	\$29.07	\$27.51	(with L&H)	\$42.86	\$3.16	\$17.11	\$0.62
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3814</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.01	\$0.00	\$29.07	\$27.51		\$42.86	\$3.16	\$17.11	\$0.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.77	\$88.01	\$0.00	\$29.07	\$27.51		\$38.83	\$3.16	26.57 (FRV)	\$0.62
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	\$213.77	\$88.01	\$0.00	\$29.07	\$27.51	\$0.00	\$38.83	\$3.16	\$26.57	\$0.62
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3891</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.01	\$122.25	\$0.00	\$29.07	\$27.51	\$0.00	\$38.83	\$3.16	\$26.57	\$0.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.34	\$7.34								
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	\$26.82	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.83	\$131.34	\$0.00	\$29.29	\$27.92	\$0.00	\$55.93	\$3.16	\$26.57	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.30									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MACON REHABILITATION AND HEALTHCARE				<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: 00141523A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4236	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		17.24%	0.0%	Quarterly Medicaid PDPM:			1.4780	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5071	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,922,063	\$3,250,870	\$0	\$545,567	\$643,935	\$0	\$1,335,497		\$1,146,194	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$389,984)	\$21,875	\$0	\$0	\$0	\$0	(\$339,568)		(\$72,291)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$317,693		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$72,291
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,922,063	\$3,272,745	\$0	\$545,567	\$643,935	\$0	\$995,929	\$317,693	\$1,073,903	\$72,291
8	Total Nursing Facility Days As Filed Days = 30,300	FY22 Audited C/R Days	30,300									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,300	FY22 GL-PL Ins Rpt Days								30,300		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.45	\$108.01	\$0.00	\$18.01	\$21.25	(with L&H)	\$32.87	\$10.48	\$35.44	\$2.39
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4236</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.87	\$0.00	\$18.01	\$21.25		\$32.87	\$10.48	\$35.44	\$2.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.20	\$75.87	\$0.00	\$18.01	\$21.25		\$32.87	\$10.48	12.33 (FRV)	\$2.39
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	\$173.20	\$75.87	\$0.00	\$18.01	\$21.25	\$0.00	\$32.87	\$10.48	\$12.33	\$2.39
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5071</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.67	\$114.34	\$0.00	\$18.01	\$21.25	\$0.00	\$32.87	\$10.48	\$12.33	\$2.39
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>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
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	\$22.06	\$3.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$233.73	\$118.30	\$0.00	\$18.23	\$21.66	\$0.00	\$50.34	\$10.48	\$12.33	\$2.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.47									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3889	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.83%	1.0%	Quarterly Medicaid PDPM:			1.2812	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.29	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3071	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,055,178	\$2,000,388	\$0	\$436,930	\$544,441	\$0	\$694,965		\$378,454	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$229,284)	(\$94,213)	\$0	\$0	\$615	\$821	(\$118,027)		(\$18,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$114,923		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,480
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,959,297	\$1,906,175	\$0	\$436,930	\$545,056	\$821	\$576,938	\$114,923	\$359,974	\$18,480
8	Total Nursing Facility Days As Filed Days = 13,951	FY22 Audited C/R Days	13,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,951	FY22 GL-PL Ins Rpt Days								13,951		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$283.79	\$136.63	\$0.00	\$31.32	\$39.13	(with L&H)	\$41.35	\$8.24	\$25.80	\$1.32
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3889</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.37	\$0.00	\$31.32	\$39.13		\$41.35	\$8.24	\$25.80	\$1.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.08	\$98.37	\$0.00	\$30.35	\$33.22		\$38.83	\$8.24	9.75 (FRV)	\$1.32
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	\$220.08	\$98.37	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$8.24	\$9.75	\$1.32
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3071</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.29	\$128.58	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$8.24	\$9.75	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.78	\$5.68	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.07	\$134.26	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$8.24	\$9.75	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.98									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3640	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		47.89%	5.5%	Quarterly Medicaid PDPM:			1.4206	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.80	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4492	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,057,086	\$2,954,852	\$0	\$512,850	\$713,987	\$0	\$752,170		\$123,227	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$107,586)	\$0	\$0	\$0	\$0	\$0	(\$66,541)		(\$41,045)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,541		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$41,045
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,057,086	\$2,954,852	\$0	\$512,850	\$713,987	\$0	\$685,629	\$66,541	\$82,182	\$41,045
8	Total Nursing Facility Days As Filed Days = 28,633	FY22 Audited C/R Days	28,633									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,633	FY22 GL-PL Ins Rpt Days								28,633		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.62	\$103.20	\$0.00	\$17.91	\$24.94	(with L&H)	\$23.95	\$2.32	\$2.87	\$1.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.3640								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.66								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.66	\$0.00	\$17.91	\$24.94		\$23.95	\$2.32	\$2.87	\$1.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.48	\$75.66	\$0.00	\$17.91	\$24.94		\$23.95	\$2.32	13.27 (FRV)	\$1.43
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	\$159.48	\$75.66	\$0.00	\$17.91	\$24.94	\$0.00	\$23.95	\$2.32	\$13.27	\$1.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.4492								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.47	\$109.65	\$0.00	\$17.91	\$24.94	\$0.00	\$23.95	\$2.32	\$13.27	\$1.43
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$30.14	\$12.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$223.61	\$121.69	\$0.00	\$18.13	\$25.35	\$0.00	\$41.42	\$2.32	\$13.27	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.88									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE PLACE AT DEANS BRIDGE				<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: 00141589A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2672	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.56%	1.0%	Quarterly Medicaid PDPM:			1.2047	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.80	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2292	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,968,377	\$3,320,973	\$0	\$538,309	\$560,824	\$0	\$1,230,471		\$317,800	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$666,986)	\$243	\$0	\$0	(\$3,409)	(\$10,994)	(\$585,139)		(\$67,687)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$411,431		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,777
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,779,599	\$3,321,216	\$0	\$538,309	\$557,415	(\$10,994)	\$645,332	\$411,431	\$250,113	\$66,777
8	Total Nursing Facility Days As Filed Days = 27,196	FY22 Audited C/R Days	27,196									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,196	FY22 GL-PL Ins Rpt Days								27,196		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.52	\$122.12	\$0.00	\$19.79	\$20.09	(with L&H)	\$23.73	\$15.13	\$9.20	\$2.46
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2672</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.37	\$0.00	\$19.79	\$20.09		\$23.73	\$15.13	\$9.20	\$2.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.06	\$96.37	\$0.00	\$19.79	\$20.09		\$23.73	\$15.13	11.49 (FRV)	\$2.46
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	\$189.06	\$96.37	\$0.00	\$19.79	\$20.09	\$0.00	\$23.73	\$15.13	\$11.49	\$2.46
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2292</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.15	\$118.46	\$0.00	\$19.79	\$20.09	\$0.00	\$23.73	\$15.13	\$11.49	\$2.46
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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.36	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$234.51	\$123.72	\$0.00	\$20.01	\$20.50	\$0.00	\$41.20	\$15.13	\$11.49	\$2.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.06									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARBORVIEW HEALTH SYSTEMS JESUP				<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: 00141611A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3630	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.00%	1.0%	Quarterly Medicaid PDPM:			1.8775	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.9145	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,076,981	\$2,679,835	\$0	\$481,741	\$493,291	\$0	\$1,364,574		\$1,057,540	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$196,998)	(\$84,108)	\$0	\$0	\$0	\$0	(\$62,382)		(\$50,508)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$123,576		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$50,508
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,054,067	\$2,595,727	\$0	\$481,741	\$493,291	\$0	\$1,302,192	\$123,576	\$1,007,032	\$50,508
8	Total Nursing Facility Days As Filed Days = 31,947	FY22 Audited C/R Days	31,947									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,947	FY22 GL-PL Ins Rpt Days								31,947		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.50	\$81.25	\$0.00	\$15.08	\$15.44	(with L&H)	\$40.76	\$3.87	\$31.52	\$1.58
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3630</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$59.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.61	\$0.00	\$15.08	\$15.44		\$40.76	\$3.87	\$31.52	\$1.58
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.26	\$59.61	\$0.00	\$15.08	\$15.44		\$38.83	\$3.87	8.85 (FRV)	\$1.58
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	\$143.26	\$59.61	\$0.00	\$15.08	\$15.44	\$0.00	\$38.83	\$3.87	\$8.85	\$1.58
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.9145</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.77	\$114.12	\$0.00	\$15.08	\$15.44	\$0.00	\$38.83	\$3.87	\$8.85	\$1.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$220.59	\$119.21	\$0.00	\$15.30	\$15.85	\$0.00	\$55.93	\$3.87	\$8.85	\$1.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.62									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: JOE-ANNE BURGIN 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: 00141633A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2842	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.94%	1.0%	Quarterly Medicaid PDPM:			1.2806	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.90	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3059	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,440,554	\$1,978,026	\$0	\$563,474	\$663,031	\$0	\$965,037		\$270,986	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$39,009)	\$0	\$0	\$0	\$0	\$0	(\$34,959)		(\$4,050)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,400		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$4,050
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,467,995	\$1,978,026	\$0	\$563,474	\$663,031	\$0	\$930,078	\$62,400	\$266,936	\$4,050
8	Total Nursing Facility Days As Filed Days = 16,792	FY22 Audited C/R Days	16,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,792	FY22 GL-PL Ins Rpt Days								16,792		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.09	\$117.80	\$0.00	\$33.56	\$39.48	(with L&H)	\$55.39	\$3.72	\$15.90	\$0.24
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2842</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.73								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.73	\$0.00	\$33.56	\$39.48		\$55.39	\$3.72	\$15.90	\$0.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.49	\$91.73	\$0.00	\$30.35	\$33.22		\$38.83	\$3.72	23.40 (FRV)	\$0.24
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	\$221.49	\$91.73	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.72	\$23.40	\$0.24
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3059</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.55	\$119.79	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$3.72	\$23.40	\$0.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.19	\$7.19								
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	\$26.02	\$8.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.57	\$128.71	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$3.72	\$23.40	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$193.85									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4168	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.58%	2.5%	Quarterly Medicaid PDPM:			1.1929	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.22	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2175	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,697,775	\$2,036,037	\$0	\$433,275	\$419,216	\$0	\$696,909		\$112,338	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$93,224)	(\$13,922)	\$0	\$0	\$0	\$0	(\$63,011)		(\$16,291)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$57,696		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,291
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,678,538	\$2,022,115	\$0	\$433,275	\$419,216	\$0	\$633,898	\$57,696	\$96,047	\$16,291
8	Total Nursing Facility Days As Filed Days = 16,539	FY22 Audited C/R Days	16,534									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,539	FY22 GL-PL Ins Rpt Days								16,534		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.49	\$122.30	\$0.00	\$26.21	\$25.35	(with L&H)	\$38.34	\$3.49	\$5.81	\$0.99
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4168</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.32								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.32	\$0.00	\$26.21	\$25.35		\$38.34	\$3.49	\$5.81	\$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.59	\$86.32	\$0.00	\$26.21	\$25.35		\$38.34	\$3.49	12.89 (FRV)	\$0.99
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	\$193.59	\$86.32	\$0.00	\$26.21	\$25.35	\$0.00	\$38.34	\$3.49	\$12.89	\$0.99
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2175</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$105.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.36	\$105.09	\$0.00	\$26.21	\$25.35	\$0.00	\$38.34	\$3.49	\$12.89	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.25	\$5.25								
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	\$26.51	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$238.87	\$113.50	\$0.00	\$26.43	\$25.76	\$0.00	\$55.81	\$3.49	\$12.89	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.33									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: KEYSVILLE NURSING HOME & 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: 00141655A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4664	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		48.89%	5.5%	Quarterly Medicaid PDPM:			1.3404	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.86	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3673	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,298,647	\$2,299,654	\$0	\$546,339	\$583,897	\$0	\$495,662		\$373,095	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$109,478)	\$0	\$0	\$0	\$0	\$0	(\$78,005)		(\$31,473)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,005		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,473
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,298,647	\$2,299,654	\$0	\$546,339	\$583,897	\$0	\$417,657	\$78,005	\$341,622	\$31,473
8	Total Nursing Facility Days As Filed Days = 21,872	FY22 Audited C/R Days	21,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,872	FY22 GL-PL Ins Rpt Days								21,872		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.55	\$105.14	\$0.00	\$24.98	\$26.70	(with L&H)	\$19.10	\$3.57	\$15.62	\$1.44
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4664</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.70	\$0.00	\$24.98	\$26.70		\$19.10	\$3.57	\$15.62	\$1.44
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.56	\$71.70	\$0.00	\$24.98	\$26.70		\$19.10	\$3.57	15.07 (FRV)	\$1.44
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	\$162.56	\$71.70	\$0.00	\$24.98	\$26.70	\$0.00	\$19.10	\$3.57	\$15.07	\$1.44
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3673</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$98.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.90	\$98.04	\$0.00	\$24.98	\$26.70	\$0.00	\$19.10	\$3.57	\$15.07	\$1.44
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.39	\$5.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$26.96	\$8.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$215.86	\$106.90	\$0.00	\$25.20	\$27.11	\$0.00	\$36.57	\$3.57	\$15.07	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.07									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: COUNTRYSIDE HEALTH 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: 00141666A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2700	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.22%	1.0%	Quarterly Medicaid PDPM:			1.2858	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.77	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3118	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,971,328	\$2,071,435	\$0	\$354,995	\$411,084	\$0	\$615,398		\$518,416	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$62,207)	\$0	\$0	\$0	\$0	\$0	(\$45,315)		(\$16,892)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$41,277		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,892
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,967,290	\$2,071,435	\$0	\$354,995	\$411,084	\$0	\$570,083	\$41,277	\$501,524	\$16,892
8	Total Nursing Facility Days As Filed Days = 19,148	FY22 Audited C/R Days	19,148									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,148	FY22 GL-PL Ins Rpt Days								19,148		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.19	\$108.18	\$0.00	\$18.54	\$21.47	(with L&H)	\$29.77	\$2.16	\$26.19	\$0.88
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2700</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.18	\$0.00	\$18.54	\$21.47		\$29.77	\$2.16	\$26.19	\$0.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.49	\$85.18	\$0.00	\$18.54	\$21.47		\$29.77	\$2.16	7.49 (FRV)	\$0.88
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	\$165.49	\$85.18	\$0.00	\$18.54	\$21.47	\$0.00	\$29.77	\$2.16	\$7.49	\$0.88
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3118</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.05	\$111.74	\$0.00	\$18.54	\$21.47	\$0.00	\$29.77	\$2.16	\$7.49	\$0.88
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
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	\$21.98	\$3.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$214.03	\$115.62	\$0.00	\$18.76	\$21.88	\$0.00	\$47.24	\$2.16	\$7.49	\$0.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LAKE CITY NURSING AND REHABILITATION CENTER 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: 00141699A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2837	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.00%	2.5%	Quarterly Medicaid PDPM:			1.3191	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3450	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,165,336	\$6,400,805	\$0	\$1,164,136	\$1,105,666	\$0	\$1,642,446		\$852,283	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$372,022)	(\$39,293)	\$0	(\$1,065)	(\$2,585)	\$1,930	(\$225,518)		(\$105,491)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,137		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$105,609
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,014,060	\$6,361,512	\$0	\$1,163,071	\$1,103,081	\$1,930	\$1,416,928	\$115,137	\$746,792	\$105,609
8	Total Nursing Facility Days As Filed Days = 68,496	FY22 Audited C/R Days	68,461									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,496	FY22 GL-PL Ins Rpt Days								68,461		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.88	\$92.92	\$0.00	\$16.99	\$16.14	(with L&H)	\$20.70	\$1.68	\$10.91	\$1.54
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2837</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.39								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.39	\$0.00	\$16.99	\$16.14		\$20.70	\$1.68	\$10.91	\$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.02	\$72.39	\$0.00	\$16.99	\$16.14		\$20.70	\$1.68	10.58 (FRV)	\$1.54
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	\$140.02	\$72.39	\$0.00	\$16.99	\$16.14	\$0.00	\$20.70	\$1.68	\$10.58	\$1.54
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3450</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$97.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.99	\$97.36	\$0.00	\$16.99	\$16.14	\$0.00	\$20.70	\$1.68	\$10.58	\$1.54
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
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	\$23.98	\$5.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$188.97	\$103.24	\$0.00	\$17.21	\$16.55	\$0.00	\$38.17	\$1.68	\$10.58	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.90									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5048	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		8.82%	0.0%	Quarterly Medicaid PDPM:			1.5441	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.37	5.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5753	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,433,784	\$3,835,630	\$0	\$533,698	\$590,954	\$0	\$938,145		\$535,357	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$377,917)	(\$92,488)	\$0	\$3,505	(\$68)	(\$1,638)	(\$255,826)		(\$31,402)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$319,045		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,738
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,407,650	\$3,743,142	\$0	\$537,203	\$590,886	(\$1,638)	\$682,319	\$319,045	\$503,955	\$32,738
8	Total Nursing Facility Days As Filed Days = 27,616	FY22 Audited C/R Days	27,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,616	FY22 GL-PL Ins Rpt Days								27,616		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$232.03	\$135.54	\$0.00	\$19.45	\$21.34	(with L&H)	\$24.71	\$11.55	\$18.25	\$1.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5048</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.07	\$0.00	\$19.45	\$21.34		\$24.71	\$11.55	\$18.25	\$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.32	\$90.07	\$0.00	\$19.45	\$21.34		\$24.71	\$11.55	10.01 (FRV)	\$1.19
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	\$178.32	\$90.07	\$0.00	\$19.45	\$21.34	\$0.00	\$24.71	\$11.55	\$10.01	\$1.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5753</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.89								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.14	\$141.89	\$0.00	\$19.45	\$21.34	\$0.00	\$24.71	\$11.55	\$10.01	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.09	\$7.09								
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	\$25.72	\$7.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.86	\$149.51	\$0.00	\$19.67	\$21.75	\$0.00	\$42.18	\$11.55	\$10.01	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.07									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SGMC HEALTH VILLA				<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: 00141732A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3916	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid PDPM:			1.3219	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.26	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3470	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,279,921	\$3,532,370	\$0	\$1,334,388	\$426,047	\$811,762	\$820,624		\$354,730	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$69,308)	\$10,437	\$0	\$0	\$0	(\$7,471)	(\$55,146)		(\$17,128)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,100		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,128
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,276,841	\$3,542,807	\$0	\$1,334,388	\$426,047	\$804,291	\$765,478	\$49,100	\$337,602	\$17,128
8	Total Nursing Facility Days As Filed Days = 20,949	FY22 Audited C/R Days	20,949									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,949	FY22 GL-PL Ins Rpt Days								20,949		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$347.37	\$169.12	\$0.00	\$63.70	\$58.73	(with L&H)	\$36.54	\$2.34	\$16.12	\$0.82
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3916</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$121.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$121.53	\$0.00	\$63.70	\$58.73		\$36.54	\$2.34	\$16.12	\$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.41	\$117.25	\$0.00	\$36.63	\$33.22		\$36.54	\$2.34	34.61 (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	\$261.41	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$36.54	\$2.34	\$34.61	\$0.82
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3470</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$302.10	\$157.94	\$0.00	\$36.63	\$33.22	\$0.00	\$36.54	\$2.34	\$34.61	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.95	\$3.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
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	\$24.58	\$7.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$326.68	\$165.05	\$0.00	\$36.63	\$33.22	\$0.00	\$54.01	\$2.34	\$34.61	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$232.19									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5239	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.67%	1.0%	Quarterly Medicaid PDPM:			1.3907	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.66	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4191	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,666,939	\$4,001,007	\$0	\$514,333	\$886,248	\$0	\$1,383,672		\$881,679	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$488,479)	(\$76,630)	\$0	\$0	\$10,298	\$12,624	(\$329,903)		(\$104,868)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$368,675		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$98,348
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,645,483	\$3,924,377	\$0	\$514,333	\$896,546	\$12,624	\$1,053,769	\$368,675	\$776,811	\$98,348
8	Total Nursing Facility Days As Filed Days = 26,432	FY22 Audited C/R Days	26,432									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,432	FY22 GL-PL Ins Rpt Days								26,432		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$289.26	\$148.47	\$0.00	\$19.46	\$34.40	(with L&H)	\$39.87	\$13.95	\$29.39	\$3.72
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5239</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.43								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.43	\$0.00	\$19.46	\$34.40		\$39.87	\$13.95	\$29.39	\$3.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$244.22	\$97.43	\$0.00	\$19.46	\$33.22		\$38.83	\$13.95	37.61 (FRV)	\$3.72
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	\$244.22	\$97.43	\$0.00	\$19.46	\$33.22	\$0.00	\$38.83	\$13.95	\$37.61	\$3.72
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4191</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.05	\$138.26	\$0.00	\$19.46	\$33.22	\$0.00	\$38.83	\$13.95	\$37.61	\$3.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.91	\$6.91								
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	\$26.14	\$8.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$311.19	\$147.08	\$0.00	\$19.68	\$33.22	\$0.00	\$55.93	\$13.95	\$37.61	\$3.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.57									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SPALDING POST ACUTE 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: 00141754A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4304	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.08%	5.5%	Quarterly Medicaid PDPM:			1.5551	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.48	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5866	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,896,581	\$5,664,158	\$0	\$715,940	\$660,524	\$0	\$1,351,541		\$1,504,418	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$364,085)	(\$87,375)	\$0	\$0	\$0	\$0	(\$137,521)		(\$139,189)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$207,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$139,189
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,879,585	\$5,576,783	\$0	\$715,940	\$660,524	\$0	\$1,214,020	\$207,900	\$1,365,229	\$139,189
8	Total Nursing Facility Days As Filed Days = 38,324	FY22 Audited C/R Days	38,324									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,324	FY22 GL-PL Ins Rpt Days								38,324		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.79	\$145.52	\$0.00	\$18.68	\$17.24	(with L&H)	\$31.68	\$5.42	\$35.62	\$3.63
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4304</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.73								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.73	\$0.00	\$18.68	\$17.24		\$31.68	\$5.42	\$35.62	\$3.63
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.21	\$101.73	\$0.00	\$18.68	\$17.24		\$31.68	\$5.42	9.83 (FRV)	\$3.63
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	\$188.21	\$101.73	\$0.00	\$18.68	\$17.24	\$0.00	\$31.68	\$5.42	\$9.83	\$3.63
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5866</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$161.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.88	\$161.40	\$0.00	\$18.68	\$17.24	\$0.00	\$31.68	\$5.42	\$9.83	\$3.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.88	\$8.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.07	\$8.07								
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	\$35.58	\$17.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$283.46	\$178.88	\$0.00	\$18.90	\$17.65	\$0.00	\$49.15	\$5.42	\$9.83	\$3.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.77									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF MARION COUNTY				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141809A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3956	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	42.86%	2.5%	Quarterly Medicaid PDPM:			1.4684	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	4.35	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4984	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,128,702	\$2,786,996	\$0	\$464,504	\$561,741	\$0	\$971,420		\$344,041	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	\$10,463	(\$14,291)	\$0	\$0	\$56,611	\$62,689	(\$70,062)		(\$24,484)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,326		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,684
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,245,175	\$2,772,705	\$0	\$464,504	\$618,352	\$62,689	\$901,358	\$76,326	\$319,557	\$29,684
8	Total Nursing Facility Days As Filed Days = 21,086	FY22 Audited C/R Days	21,086									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,086	FY22 GL-PL Ins Rpt Days								21,086		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$248.76	\$131.50	\$0.00	\$22.03	\$32.30	(with L&H)	\$42.75	\$3.62	\$15.15	\$1.41
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3956</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.22	\$0.00	\$22.03	\$32.30		\$42.75	\$3.62	\$15.15	\$1.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.21	\$94.22	\$0.00	\$22.03	\$32.30		\$38.83	\$3.62	30.80 (FRV)	\$1.41
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	\$223.21	\$94.22	\$0.00	\$22.03	\$32.30	\$0.00	\$38.83	\$3.62	\$30.80	\$1.41
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4984</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.17	\$141.18	\$0.00	\$22.03	\$32.30	\$0.00	\$38.83	\$3.62	\$30.80	\$1.41
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.06	\$7.06								
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	\$28.85	\$11.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$299.02	\$152.30	\$0.00	\$22.25	\$32.71	\$0.00	\$55.93	\$3.62	\$30.80	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.44									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LEGACY TRANSITIONAL CARE & 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: 00141831A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2340	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.37%	1.0%	Quarterly Medicaid PDPM:			1.2905	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.18	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3162	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,242,190	\$5,566,828	\$0	\$1,020,556	\$1,120,334	\$0	\$1,962,278		\$1,572,194	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$639,282)	\$0	\$0	\$0	\$0	\$0	(\$485,815)		(\$153,467)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$485,815		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$153,467
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,242,190	\$5,566,828	\$0	\$1,020,556	\$1,120,334	\$0	\$1,476,463	\$485,815	\$1,418,727	\$153,467
8	Total Nursing Facility Days As Filed Days = 61,245	FY22 Audited C/R Days	61,245									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,245	FY22 GL-PL Ins Rpt Days								61,245		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.55	\$90.89	\$0.00	\$16.66	\$18.29	(with L&H)	\$24.11	\$7.93	\$23.16	\$2.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2340</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.66								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.66	\$0.00	\$16.66	\$18.29		\$24.11	\$7.93	\$23.16	\$2.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.16	\$73.66	\$0.00	\$16.66	\$18.29		\$24.11	\$7.93	12.00 (FRV)	\$2.51
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	\$155.16	\$73.66	\$0.00	\$16.66	\$18.29	\$0.00	\$24.11	\$7.93	\$12.00	\$2.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3162</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$96.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.45	\$96.95	\$0.00	\$16.66	\$18.29	\$0.00	\$24.11	\$7.93	\$12.00	\$2.51
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.51	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$200.96	\$101.36	\$0.00	\$16.88	\$18.70	\$0.00	\$41.58	\$7.93	\$12.00	\$2.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.90									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4538	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.43%	2.5%	Quarterly Medicaid PDPM:			1.3515	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.57	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3780	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,446,507	\$5,717,236	\$0	\$1,135,978	\$1,585,803	\$0	\$3,700,452		\$307,038	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,061,702)	(\$13,719)	\$0	\$0	(\$1,261)	(\$1,695)	(\$1,044,210)		(\$817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$734,885		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$817
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,120,507	\$5,703,517	\$0	\$1,135,978	\$1,584,542	(\$1,695)	\$2,656,242	\$734,885	\$306,221	\$817
8	Total Nursing Facility Days As Filed Days = 51,397	FY22 Audited C/R Days	51,397									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,397	FY22 GL-PL Ins Rpt Days								51,397		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.83	\$110.97	\$0.00	\$22.10	\$30.80	(with L&H)	\$51.68	\$14.30	\$5.96	\$0.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4538</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.33	\$0.00	\$22.10	\$30.80		\$51.68	\$14.30	\$5.96	\$0.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.63	\$76.33	\$0.00	\$22.10	\$30.80		\$38.83	\$14.30	13.25 (FRV)	\$0.02
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	\$195.63	\$76.33	\$0.00	\$22.10	\$30.80	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3780</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$105.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.48	\$105.18	\$0.00	\$22.10	\$30.80	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
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	\$6.95	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.43	\$111.50	\$0.00	\$22.32	\$31.21	\$0.00	\$38.83	\$14.30	\$13.25	\$0.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.57									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2529	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.94%	1.0%	Quarterly Medicaid PDPM:			1.3811	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.58	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4089	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,299,669	\$3,640,104	\$0	\$654,703	\$758,058	\$0	\$1,151,282		\$95,522	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$433,646)	(\$9,960)	\$0	\$0	\$0	\$0	(\$352,375)		(\$71,311)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$324,827		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$71,311
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,262,161	\$3,630,144	\$0	\$654,703	\$758,058	\$0	\$798,907	\$324,827	\$24,211	\$71,311
8	Total Nursing Facility Days As Filed Days = 29,843	FY22 Audited C/R Days	29,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,843	FY22 GL-PL Ins Rpt Days								29,843		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.83	\$121.64	\$0.00	\$21.94	\$25.40	(with L&H)	\$26.77	\$10.88	\$0.81	\$2.39
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2529</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.09	\$0.00	\$21.94	\$25.40		\$26.77	\$10.88	\$0.81	\$2.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.65	\$97.09	\$0.00	\$21.94	\$25.40		\$26.77	\$10.88	12.18 (FRV)	\$2.39
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	\$196.65	\$97.09	\$0.00	\$21.94	\$25.40	\$0.00	\$26.77	\$10.88	\$12.18	\$2.39
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4089</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.35	\$136.79	\$0.00	\$21.94	\$25.40	\$0.00	\$26.77	\$10.88	\$12.18	\$2.39
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (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	\$25.47	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.82	\$144.16	\$0.00	\$22.16	\$25.81	\$0.00	\$44.24	\$10.88	\$12.18	\$2.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.54									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5122	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid PDPM:			1.7838	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.54	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.8209	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,000,122	\$3,418,452	\$0	\$659,014	\$767,936	\$0	\$2,099,739		\$2,054,981	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$346,767)	(\$219,895)	\$0	(\$1,024)	\$0	\$0	(\$3,358)		(\$122,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$153,838		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$122,490
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,929,683	\$3,198,557	\$0	\$657,990	\$767,936	\$0	\$2,096,381	\$153,838	\$1,932,491	\$122,490
8	Total Nursing Facility Days As Filed Days = 37,040	FY22 Audited C/R Days	37,040									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,040	FY22 GL-PL Ins Rpt Days								37,040		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$241.07	\$86.35	\$0.00	\$17.76	\$20.73	(with L&H)	\$56.60	\$4.15	\$52.17	\$3.31
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5122</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$57.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.10	\$0.00	\$17.76	\$20.73		\$56.60	\$4.15	\$52.17	\$3.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.14	\$57.10	\$0.00	\$17.76	\$20.73		\$38.83	\$4.15	17.26 (FRV)	\$3.31
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	\$159.14	\$57.10	\$0.00	\$17.76	\$20.73	\$0.00	\$38.83	\$4.15	\$17.26	\$3.31
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.8209</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.01	\$103.97	\$0.00	\$17.76	\$20.73	\$0.00	\$38.83	\$4.15	\$17.26	\$3.31
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
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	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$228.95	\$109.18	\$0.00	\$17.98	\$21.14	\$0.00	\$55.93	\$4.15	\$17.26	\$3.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.89									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIDGECREST REHAB & SKILLED NURSING 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: 00141886A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6688	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.17%	1.0%	Quarterly Medicaid PDPM:			1.2400	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.11	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2646	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,581,875	\$1,919,095	\$0	\$375,113	\$412,944	\$0	\$706,330		\$2,168,393	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$146,246)	\$0	\$0	\$0	\$0	\$0	(\$123,810)		(\$22,436)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$123,810		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,436
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,581,875	\$1,919,095	\$0	\$375,113	\$412,944	\$0	\$582,520	\$123,810	\$2,145,957	\$22,436
8	Total Nursing Facility Days As Filed Days = 7,086	FY22 Audited C/R Days	7,086									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,086	FY22 GL-PL Ins Rpt Days								7,086		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$787.74	\$270.83	\$0.00	\$52.94	\$58.28	(with L&H)	\$82.21	\$17.47	\$302.84	\$3.17
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6688</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$162.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$162.29	\$0.00	\$52.94	\$58.28		\$82.21	\$17.47	\$302.84	\$3.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$284.16	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$17.47	43.87 (FRV)	\$3.17
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	\$284.16	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$17.47	\$43.87	\$3.17
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2646</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$148.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$315.18	\$148.27	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$17.47	\$43.87	\$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 = <u>1.0%</u> (to Routine Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.45	\$4.45								
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	\$23.03	\$5.93	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$338.21	\$154.20	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$17.47	\$43.87	\$3.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$240.83									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4856	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.37%	1.0%	Quarterly Medicaid PDPM:			1.5936	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.78	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6260	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,040,952	\$7,273,700	\$0	\$930,451	\$1,306,730	\$0	\$1,962,458		\$567,613	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,377,406)	(\$397,317)	\$0	\$5,444	(\$33,413)	(\$40,616)	(\$806,138)		(\$105,366)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$808,249		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$92,730
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,564,525	\$6,876,383	\$0	\$935,895	\$1,273,317	(\$40,616)	\$1,156,320	\$808,249	\$462,247	\$92,730
8	Total Nursing Facility Days As Filed Days = 52,661	FY22 Audited C/R Days	49,737									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,661	FY22 GL-PL Ins Rpt Days								49,737		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$232.50	\$138.25	\$0.00	\$18.82	\$24.78	(with L&H)	\$23.25	\$16.25	\$9.29	\$1.86
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4856</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.06	\$0.00	\$18.82	\$24.78		\$23.25	\$16.25	\$9.29	\$1.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.49	\$93.06	\$0.00	\$18.82	\$24.78		\$23.25	\$16.25	9.47 (FRV)	\$1.86
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	\$187.49	\$93.06	\$0.00	\$18.82	\$24.78	\$0.00	\$23.25	\$16.25	\$9.47	\$1.86
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6260</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$151.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.75	\$151.32	\$0.00	\$18.82	\$24.78	\$0.00	\$23.25	\$16.25	\$9.47	\$1.86
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.51	\$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.05	\$6.05								
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	\$26.19	\$8.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.94	\$159.41	\$0.00	\$19.04	\$25.19	\$0.00	\$40.72	\$16.25	\$9.47	\$1.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.13									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MEMORIAL 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: 00141919A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3459	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid PDPM:			1.2590	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.68	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2835	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,364,113	\$3,410,256	\$0	\$1,188,197	\$349,551	\$509,985	\$680,633		\$225,491	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$93,223)	(\$2,605)	\$0	\$1,295	\$75	\$45	(\$31,009)		(\$61,024)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$21,692		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,024
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,353,606	\$3,407,651	\$0	\$1,189,492	\$349,626	\$510,030	\$649,624	\$21,692	\$164,467	\$61,024
8	Total Nursing Facility Days As Filed Days = 26,863	FY22 Audited C/R Days	26,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,863	FY22 GL-PL Ins Rpt Days								26,832		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$236.79	\$127.00	\$0.00	\$44.33	\$32.04	(with L&H)	\$24.21	\$0.81	\$6.13	\$2.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3459</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.36	\$0.00	\$44.33	\$32.04		\$24.21	\$0.81	\$6.13	\$2.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.48	\$94.36	\$0.00	\$36.63	\$32.04		\$24.21	\$0.81	12.16 (FRV)	\$2.27
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	\$202.48	\$94.36	\$0.00	\$36.63	\$32.04	\$0.00	\$24.21	\$0.81	\$12.16	\$2.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2835</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.23	\$121.11	\$0.00	\$36.63	\$32.04	\$0.00	\$24.21	\$0.81	\$12.16	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
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	\$23.25	\$5.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.48	\$126.48	\$0.00	\$36.63	\$32.45	\$0.00	\$41.68	\$0.81	\$12.16	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.54									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MEDICAL MANAGEMENT HEALTH AND REHAB 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: 00141941A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.1472	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.67%	0.0%	Quarterly Medicaid PDPM:			1.5629	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.50	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5942	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,599,565	\$2,438,598	\$0	\$440,506	\$501,588	\$0	\$838,094		\$380,779	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$237,646)	(\$70,053)	\$0	(\$6,864)	(\$7,351)	(\$2,818)	(\$94,915)		(\$55,645)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,897
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,416,816	\$2,368,545	\$0	\$433,642	\$494,237	(\$2,818)	\$743,179	\$0	\$325,134	\$54,897
8	Total Nursing Facility Days As Filed Days = 29,174	FY22 Audited C/R Days	29,174									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,174	FY22 GL-PL Ins Rpt Days								29,174		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.38	\$81.19	\$0.00	\$14.86	\$16.84	(with L&H)	\$25.47	\$0.00	\$11.14	\$1.88
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1472</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.77	\$0.00	\$14.86	\$16.84		\$25.47	\$0.00	\$11.14	\$1.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.20	\$70.77	\$0.00	\$14.86	\$16.84		\$25.47	\$0.00	9.38 (FRV)	\$1.88
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	\$139.20	\$70.77	\$0.00	\$14.86	\$16.84	\$0.00	\$25.47	\$0.00	\$9.38	\$1.88
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5942</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.25	\$112.82	\$0.00	\$14.86	\$16.84	\$0.00	\$25.47	\$0.00	\$9.38	\$1.88
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>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$20.89	\$2.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$202.14	\$115.61	\$0.00	\$15.08	\$17.25	\$0.00	\$42.94	\$0.00	\$9.38	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.78									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WARM SPRINGS MEDICAL CENTER 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: 00141952A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3151	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.31%	1.0%	Quarterly Medicaid PDPM:			1.2248	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.12	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2492	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,774,425	\$3,586,929	\$0	\$553,980	\$289,046	\$202,673	\$914,388		\$227,409	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$50,933)	\$0	\$0	\$2,300	\$3,164	\$2,197	(\$38,453)		(\$20,141)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$47,772		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,585
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,779,849	\$3,586,929	\$0	\$556,280	\$292,210	\$204,870	\$875,935	\$47,772	\$207,268	\$8,585
8	Total Nursing Facility Days As Filed Days = 21,032	FY22 Audited C/R Days	21,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,032	FY22 GL-PL Ins Rpt Days								21,032		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$274.81	\$170.55	\$0.00	\$26.45	\$23.63	(with L&H)	\$41.65	\$2.27	\$9.85	\$0.41
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3151</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$129.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$129.69	\$0.00	\$26.45	\$23.63		\$41.65	\$2.27	\$9.85	\$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.18	\$117.25	\$0.00	\$26.45	\$23.63		\$38.83	\$2.27	14.34 (FRV)	\$0.41
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	\$223.18	\$117.25	\$0.00	\$26.45	\$23.63	\$0.00	\$38.83	\$2.27	\$14.34	\$0.41
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2492</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$146.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.40	\$146.47	\$0.00	\$26.45	\$23.63	\$0.00	\$38.83	\$2.27	\$14.34	\$0.41
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.98	\$152.32	\$0.00	\$26.67	\$24.04	\$0.00	\$55.93	\$2.27	\$14.34	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.16									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: AZALEA 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: 00141963A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2783	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		24.56%	1.0%	Quarterly Medicaid PDPM:			1.1986	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.59	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2228	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,214,971	\$2,206,242	\$0	\$524,246	\$392,482	\$0	\$836,831		\$255,170	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$152,868)	(\$194)	\$0	(\$33,239)	(\$582)	(\$798)	(\$70,046)		(\$48,009)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$92,728		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,840
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,202,671	\$2,206,048	\$0	\$491,007	\$391,900	(\$798)	\$766,785	\$92,728	\$207,161	\$47,840
8	Total Nursing Facility Days As Filed Days = 19,026	FY22 Audited C/R Days	19,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,026	FY22 GL-PL Ins Rpt Days								19,022		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.92	\$115.97	\$0.00	\$25.81	\$20.56	(with L&H)	\$40.31	\$4.87	\$10.89	\$2.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2783</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.72	\$0.00	\$25.81	\$20.56		\$40.31	\$4.87	\$10.89	\$2.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.03	\$90.72	\$0.00	\$25.81	\$20.56		\$38.83	\$4.87	12.73 (FRV)	\$2.51
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	\$196.03	\$90.72	\$0.00	\$25.81	\$20.56	\$0.00	\$38.83	\$4.87	\$12.73	\$2.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2228</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.24	\$110.93	\$0.00	\$25.81	\$20.56	\$0.00	\$38.83	\$4.87	\$12.73	\$2.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
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	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.05	\$117.01	\$0.00	\$26.03	\$20.97	\$0.00	\$55.93	\$4.87	\$12.73	\$2.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EASTMAN HEALTHCARE & 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: 00141974A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3570	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		44.29%	2.5%	Quarterly Medicaid PDPM:			1.7457	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.18	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7817	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,570,273	\$2,839,218	\$0	\$604,883	\$653,381	\$0	\$1,067,928		\$404,863	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$83,438)	\$0	\$0	\$0	\$0	\$0	(\$65,708)		(\$17,730)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$79,164		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,730
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,583,729	\$2,839,218	\$0	\$604,883	\$653,381	\$0	\$1,002,220	\$79,164	\$387,133	\$17,730
8	Total Nursing Facility Days As Filed Days = 33,239	FY22 Audited C/R Days	33,239									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,239	FY22 GL-PL Ins Rpt Days								33,239		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.99	\$85.42	\$0.00	\$18.20	\$19.66	(with L&H)	\$30.15	\$2.38	\$11.65	\$0.53
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3570</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.95	\$0.00	\$18.20	\$19.66		\$30.15	\$2.38	\$11.65	\$0.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.54	\$62.95	\$0.00	\$18.20	\$19.66		\$30.15	\$2.38	9.67 (FRV)	\$0.53
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	\$143.54	\$62.95	\$0.00	\$18.20	\$19.66	\$0.00	\$30.15	\$2.38	\$9.67	\$0.53
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7817</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.75	\$112.16	\$0.00	\$18.20	\$19.66	\$0.00	\$30.15	\$2.38	\$9.67	\$0.53
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.36	\$3.36								
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	\$24.79	\$6.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$217.54	\$118.85	\$0.00	\$18.42	\$20.07	\$0.00	\$47.62	\$2.38	\$9.67	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.33									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAGNOLIA MANOR OF MIDWAY				<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: 00141985A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2753	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid PDPM:			1.3695	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.14	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3974	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,855,872	\$3,365,990	\$0	\$595,981	\$648,094	\$0	\$1,399,926		\$845,881	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$435,603)	(\$1,482)	\$0	\$0	\$0	\$0	(\$294,456)		(\$139,665)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$295,938		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$139,665
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,855,872	\$3,364,508	\$0	\$595,981	\$648,094	\$0	\$1,105,470	\$295,938	\$706,216	\$139,665
8	Total Nursing Facility Days As Filed Days = 23,816	FY22 Audited C/R Days	23,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,816	FY22 GL-PL Ins Rpt Days								23,816		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$287.86	\$141.27	\$0.00	\$25.02	\$27.21	(with L&H)	\$46.42	\$12.43	\$29.65	\$5.86
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2753</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$110.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.77	\$0.00	\$25.02	\$27.21		\$46.42	\$12.43	\$29.65	\$5.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCas Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.68	\$110.77	\$0.00	\$25.02	\$27.21		\$38.83	\$12.43	16.56 (FRV)	\$5.86
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	\$236.68	\$110.77	\$0.00	\$25.02	\$27.21	\$0.00	\$38.83	\$12.43	\$16.56	\$5.86
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3974</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.70	\$154.79	\$0.00	\$25.02	\$27.21	\$0.00	\$38.83	\$12.43	\$16.56	\$5.86
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.87	\$3.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64								
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	\$26.77	\$9.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$307.47	\$163.83	\$0.00	\$25.24	\$27.62	\$0.00	\$55.93	\$12.43	\$16.56	\$5.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.78									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			2.9641	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		63.51%	5.5%	Quarterly Medicaid PDPM:			2.8915	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.46	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			2.9494	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,692,072	\$4,162,310	\$0	\$997,681	\$361,574	\$505,030	\$3,638,974		\$1,026,503	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$175,754)	\$0	\$0	\$0	(\$12,714)	(\$17,759)	(\$108,201)		(\$37,080)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$108,201		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,976
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,692,495	\$4,162,310	\$0	\$997,681	\$348,860	\$487,271	\$3,530,773	\$108,201	\$989,423	\$67,976
8	Total Nursing Facility Days As Filed Days = 27,240	FY22 Audited C/R Days	27,240									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,240	FY22 GL-PL Ins Rpt Days								27,240		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$392.53	\$152.80	\$0.00	\$36.63	\$30.69	(with L&H)	\$129.62	\$3.97	\$36.32	\$2.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>2.9641</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$51.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.55	\$0.00	\$36.63	\$30.69		\$129.62	\$3.97	\$36.32	\$2.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.16	\$51.55	\$0.00	\$36.63	\$30.69		\$38.83	\$3.97	24.99 (FRV)	\$2.50
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	\$189.16	\$51.55	\$0.00	\$36.63	\$30.69	\$0.00	\$38.83	\$3.97	\$24.99	\$2.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>2.9494</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$152.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$289.65	\$152.04	\$0.00	\$36.63	\$30.69	\$0.00	\$38.83	\$3.97	\$24.99	\$2.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.36	\$8.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.56	\$4.56								
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	\$30.96	\$13.45	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$320.61	\$165.49	\$0.00	\$36.63	\$31.10	\$0.00	\$55.93	\$3.97	\$24.99	\$2.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.63									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NEW HORIZONS 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: 00142007A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4683	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.38%	0.0%	Quarterly Medicaid PDPM:			1.4083	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.38	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4362	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$11,377,146	\$6,260,083	\$0	\$1,305,774	\$654,250	\$923,684	\$1,588,377		\$644,978	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$115,687)	\$0	\$0	\$0	\$0	\$0	(\$109,147)		(\$6,540)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$29,468		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,540
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,297,467	\$6,260,083	\$0	\$1,305,774	\$654,250	\$923,684	\$1,479,230	\$29,468	\$638,438	\$6,540
8	Total Nursing Facility Days As Filed Days = 29,403	FY22 Audited C/R Days	29,403									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,403	FY22 GL-PL Ins Rpt Days								29,403		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$384.23	\$212.91	\$0.00	\$44.41	\$53.67	(with L&H)	\$50.31	\$1.00	\$21.71	\$0.22
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4683</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$145.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$145.01	\$0.00	\$44.41	\$53.67		\$50.31	\$1.00	\$21.71	\$0.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.44	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.00	13.29 (FRV)	\$0.22
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	\$240.44	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.00	\$13.29	\$0.22
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4362</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$168.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.58	\$168.39	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.00	\$13.29	\$0.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.05	\$5.05								
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	\$22.15	\$5.05	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.73	\$173.44	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.00	\$13.29	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.47									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ARCHBOLD LIVING CAMILLA				<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 PDPMCMI:			1.3413	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.32%	1.0%	Quarterly Medicaid PDPM:			1.2258	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2505	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,117,577	\$2,652,134	\$0	\$594,706	\$340,274	\$460,001	\$902,697		\$167,765	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$26,737)	\$0	\$0	\$0	\$0	\$0	(\$20,232)		(\$6,505)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$20,232		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,505
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,117,577	\$2,652,134	\$0	\$594,706	\$340,274	\$460,001	\$882,465	\$20,232	\$161,260	\$6,505
8	Total Nursing Facility Days As Filed Days = 15,516	FY22 Audited C/R Days	15,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,516	FY22 GL-PL Ins Rpt Days								15,516		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$329.82	\$170.93	\$0.00	\$38.33	\$51.58	(with L&H)	\$56.87	\$1.30	\$10.39	\$0.42
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3413</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$127.44								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$127.44	\$0.00	\$38.33	\$51.58		\$56.87	\$1.30	\$10.39	\$0.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.40	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$1.30	13.75 (FRV)	\$0.42
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	\$241.40	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.30	\$13.75	\$0.42
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2505</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$146.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.77	\$146.62	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$1.30	\$13.75	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.97	\$5.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$293.74	\$152.49	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$1.30	\$13.75	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.48									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MONTEZUMA 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: 00142062A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3512	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid PDPM:			1.3164	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.60	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3420	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,606,248	\$2,486,284	\$0	\$483,399	\$518,135	\$0	\$946,073		\$172,357	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$86,527)	\$0	\$0	\$0	\$0	\$0	(\$73,277)		(\$13,250)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,250
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,610,971	\$2,486,284	\$0	\$483,399	\$518,135	\$0	\$872,796	\$78,000	\$159,107	\$13,250
8	Total Nursing Facility Days As Filed Days = 18,471	FY22 Audited C/R Days	18,471									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,471	FY22 GL-PL Ins Rpt Days								18,471		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.62	\$134.60	\$0.00	\$26.17	\$28.05	(with L&H)	\$47.25	\$4.22	\$8.61	\$0.72
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3512</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$26.17	\$28.05		\$47.25	\$4.22	\$8.61	\$0.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.99	\$99.62	\$0.00	\$26.17	\$28.05		\$38.83	\$4.22	14.38 (FRV)	\$0.72
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	\$211.99	\$99.62	\$0.00	\$26.17	\$28.05	\$0.00	\$38.83	\$4.22	\$14.38	\$0.72
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3420</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.06	\$133.69	\$0.00	\$26.17	\$28.05	\$0.00	\$38.83	\$4.22	\$14.38	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.68	\$6.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.28	\$10.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.34	\$144.24	\$0.00	\$26.39	\$28.46	\$0.00	\$55.93	\$4.22	\$14.38	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.93									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: AVALON 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: 00142084A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3566	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		44.12%	2.5%	Quarterly Medicaid PDPM:			1.2704	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.92	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2953	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,680,037	\$3,123,551	\$0	\$494,029	\$649,601	\$0	\$1,066,467		\$346,389	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$79,905)	\$0	\$0	\$0	\$0	\$0	(\$67,223)		(\$12,682)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$70,200		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,682
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,683,014	\$3,123,551	\$0	\$494,029	\$649,601	\$0	\$999,244	\$70,200	\$333,707	\$12,682
8	Total Nursing Facility Days As Filed Days = 21,659	FY22 Audited C/R Days	21,659									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,659	FY22 GL-PL Ins Rpt Days								21,659		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.39	\$144.21	\$0.00	\$22.81	\$29.99	(with L&H)	\$46.14	\$3.24	\$15.41	\$0.59
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3566</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.30								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.30	\$0.00	\$22.81	\$29.99		\$46.14	\$3.24	\$15.41	\$0.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.34	\$106.30	\$0.00	\$22.81	\$29.99		\$38.83	\$3.24	12.58 (FRV)	\$0.59
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	\$214.34	\$106.30	\$0.00	\$22.81	\$29.99	\$0.00	\$38.83	\$3.24	\$12.58	\$0.59
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2953</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$137.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.73	\$137.69	\$0.00	\$22.81	\$29.99	\$0.00	\$38.83	\$3.24	\$12.58	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.44	\$3.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$28.58	\$10.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.31	\$148.54	\$0.00	\$23.03	\$30.40	\$0.00	\$55.93	\$3.24	\$12.58	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.91									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4046	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.75%	1.0%	Quarterly Medicaid PDPM:			1.6070	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.11	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6387	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,174,907	\$2,086,087	\$0	\$355,098	\$462,620	\$0	\$853,501		\$417,601	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$307,635)	(\$21,849)	\$0	\$2,076	\$1,217	(\$964)	(\$236,635)		(\$51,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$241,178		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,333
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,147,783	\$2,064,238	\$0	\$357,174	\$463,837	(\$964)	\$616,866	\$241,178	\$366,121	\$39,333
8	Total Nursing Facility Days As Filed Days = 20,698	FY22 Audited C/R Days	20,698									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,698	FY22 GL-PL Ins Rpt Days								20,698		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.39	\$99.73	\$0.00	\$17.26	\$22.36	(with L&H)	\$29.80	\$11.65	\$17.69	\$1.90
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4046</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.00	\$0.00	\$17.26	\$22.36		\$29.80	\$11.65	\$17.69	\$1.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.49	\$71.00	\$0.00	\$17.26	\$22.36		\$29.80	\$11.65	20.52 (FRV)	\$1.90
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	\$174.49	\$71.00	\$0.00	\$17.26	\$22.36	\$0.00	\$29.80	\$11.65	\$20.52	\$1.90
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6387</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.35								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.84	\$116.35	\$0.00	\$17.26	\$22.36	\$0.00	\$29.80	\$11.65	\$20.52	\$1.90
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82								
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	\$25.61	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.45	\$123.86	\$0.00	\$17.48	\$22.77	\$0.00	\$47.27	\$11.65	\$20.52	\$1.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.26									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3008	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.00%	2.5%	Quarterly Medicaid PDPM:			1.2268	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.93	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2512	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,961,699	\$2,812,745	\$0	\$489,600	\$427,007	\$0	\$725,461		\$506,886	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$127,748)	\$0	\$0	\$0	\$0	\$0	(\$98,554)		(\$29,194)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$59,235		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,194
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,922,380	\$2,812,745	\$0	\$489,600	\$427,007	\$0	\$626,907	\$59,235	\$477,692	\$29,194
8	Total Nursing Facility Days As Filed Days = 26,264	FY22 Audited C/R Days	26,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,264	FY22 GL-PL Ins Rpt Days								26,264		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$187.43	\$107.10	\$0.00	\$18.64	\$16.26	(with L&H)	\$23.87	\$2.26	\$18.19	\$1.11
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3008</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$18.64	\$16.26		\$23.87	\$2.26	\$18.19	\$1.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.08	\$82.33	\$0.00	\$18.64	\$16.26		\$23.87	\$2.26	8.61 (FRV)	\$1.11
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	\$153.08	\$82.33	\$0.00	\$18.64	\$16.26	\$0.00	\$23.87	\$2.26	\$8.61	\$1.11
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2512</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.76	\$103.01	\$0.00	\$18.64	\$16.26	\$0.00	\$23.87	\$2.26	\$8.61	\$1.11
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$24.30	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$198.06	\$109.21	\$0.00	\$18.86	\$16.67	\$0.00	\$41.34	\$2.26	\$8.61	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.72									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ORCHARD VIEW REHABILITATION & SKILLED NURSING 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: 00142117A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3704	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.11%	2.5%	Quarterly Medicaid PDPM:			1.3968	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.97	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4241	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$15,607,958	\$9,039,273	\$0	\$1,231,153	\$1,615,069	\$0	\$1,851,181		\$1,871,282	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$336,833)	\$0	\$0	\$0	\$0	\$0	(\$294,785)		(\$42,048)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,785		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$42,048
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$15,607,958	\$9,039,273	\$0	\$1,231,153	\$1,615,069	\$0	\$1,556,396	\$294,785	\$1,829,234	\$42,048
8	Total Nursing Facility Days As Filed Days = 43,973	FY22 Audited C/R Days	43,973									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,973	FY22 GL-PL Ins Rpt Days								43,973		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$354.94	\$205.56	\$0.00	\$28.00	\$36.73	(with L&H)	\$35.39	\$6.70	\$41.60	\$0.96
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3704</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$150.00								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$150.00	\$0.00	\$28.00	\$36.73		\$35.39	\$6.70	\$41.60	\$0.96
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCASE Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.64	\$117.25	\$0.00	\$28.00	\$33.22		\$35.39	\$6.70	40.12 (FRV)	\$0.96
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	\$261.64	\$117.25	\$0.00	\$28.00	\$33.22	\$0.00	\$35.39	\$6.70	\$40.12	\$0.96
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4241</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$166.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$311.37	\$166.98	\$0.00	\$28.00	\$33.22	\$0.00	\$35.39	\$6.70	\$40.12	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.17	\$4.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.68	\$6.68								
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	\$11.44	\$10.85	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$322.81	\$177.83	\$0.00	\$28.22	\$33.22	\$0.00	\$35.76	\$6.70	\$40.12	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$242.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SUMMERHILL ELDERLIVING HOME & CARE				<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: 00142139A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2805	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.00%	5.5%	Quarterly Medicaid PDPM:			1.3316	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.72	6.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3580	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$13,610,876	\$8,618,215	\$0	\$1,507,987	\$1,524,267	\$0	\$1,663,329		\$297,078	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$321,926)	\$0	\$0	\$0	\$0	\$134	(\$208,227)		(\$113,833)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$203,152		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$113,833
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,605,935	\$8,618,215	\$0	\$1,507,987	\$1,524,267	\$134	\$1,455,102	\$203,152	\$183,245	\$113,833
8	Total Nursing Facility Days As Filed Days = 50,111	FY22 Audited C/R Days	50,111									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,111	FY22 GL-PL Ins Rpt Days								50,111		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$271.51	\$171.98	\$0.00	\$30.09	\$30.42	(with L&H)	\$29.04	\$4.05	\$3.66	\$2.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2805</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.30								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$134.30	\$0.00	\$30.09	\$30.42		\$29.04	\$4.05	\$3.66	\$2.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.18	\$117.25	\$0.00	\$30.09	\$30.42		\$29.04	\$4.05	19.06 (FRV)	\$2.27
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	\$232.18	\$117.25	\$0.00	\$30.09	\$30.42	\$0.00	\$29.04	\$4.05	\$19.06	\$2.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3580</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.16	\$159.23	\$0.00	\$30.09	\$30.42	\$0.00	\$29.04	\$4.05	\$19.06	\$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)	\$0.98	\$0.00	\$0.00	\$0.20	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.76	\$8.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$9.55	\$9.55								
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	\$36.39	\$18.31	\$0.00	\$0.20	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$310.55	\$177.54	\$0.00	\$30.29	\$30.83	\$0.00	\$46.51	\$4.05	\$19.06	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$220.09									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2599	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.92%	1.0%	Quarterly Medicaid PDPM:			1.3483	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.87	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3746	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,149,410	\$2,253,916	\$0	\$493,761	\$451,012	\$0	\$785,089		\$165,632	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$121,655)	\$0	\$0	\$0	\$800	(\$2,622)	(\$82,593)		(\$37,240)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,373
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,136,888	\$2,253,916	\$0	\$493,761	\$451,812	(\$2,622)	\$702,496	\$71,760	\$128,392	\$37,373
8	Total Nursing Facility Days As Filed Days = 20,912	FY22 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,912	FY22 GL-PL Ins Rpt Days								20,912		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$197.82	\$107.78	\$0.00	\$23.61	\$21.48	(with L&H)	\$33.59	\$3.43	\$6.14	\$1.79
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2599</u>								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$85.55	\$0.00	\$23.61	\$21.48		\$33.59	\$3.43	\$6.14	\$1.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.68	\$85.55	\$0.00	\$23.61	\$21.48		\$33.59	\$3.43	9.23 (FRV)	\$1.79
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	\$178.68	\$85.55	\$0.00	\$23.61	\$21.48	\$0.00	\$33.59	\$3.43	\$9.23	\$1.79
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3746</u>								
18	Qtrtry Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.73	\$117.60	\$0.00	\$23.61	\$21.48	\$0.00	\$33.59	\$3.43	\$9.23	\$1.79
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	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$5.88	\$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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.42	\$125.19	\$0.00	\$23.83	\$21.89	\$0.00	\$51.06	\$3.43	\$9.23	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NURSE CARE OF BUCKHEAD Prvdr ID: 00142183A PDPM Per Diem Rate Effective Date: 4/1/2025 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 15.76% Nurse Hours per On-Site Day/Quality Incentive: 2.20 Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.4459 Quarterly Medicaid PDPM: 1.2633 Qtrly Mcaid PDPM w RUG Wght Options: 1.2882 Facility Specific State-wide 1.4459 1.4040 1.2633 1.4519 1.2882 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$17,977,973	\$9,597,690	\$0	\$1,194,973	\$1,368,655	\$0	\$2,785,511		\$3,031,144	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$865,366)	\$0	\$0	\$0	\$0	\$0	(\$558,603)		(\$306,763)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$558,603		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$306,763
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$17,977,973	\$9,597,690	\$0	\$1,194,973	\$1,368,655	\$0	\$2,226,908	\$558,603	\$2,724,381	\$306,763
8	Total Nursing Facility Days	As Filed Days = 67,385	67,385									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 67,385										
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$266.79	\$142.43	\$0.00	\$17.73	\$20.31	(with L&H)	\$33.05	\$8.29	\$40.43	\$4.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4459								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.51								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.51	\$0.00	\$17.73	\$20.31		\$33.05	\$8.29	\$40.43	\$4.55
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.67	\$98.51	\$0.00	\$17.73	\$20.31		\$33.05	\$8.29		\$4.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.67	\$98.51	\$0.00	\$17.73	\$20.31	\$0.00	\$33.05	\$8.29	\$13.23	\$4.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2882								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.06	\$126.90	\$0.00	\$17.73	\$20.31	\$0.00	\$33.05	\$8.29	\$13.23	\$4.55
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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.27	\$1.27								
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	\$19.90	\$1.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.96	\$128.70	\$0.00	\$17.95	\$20.72	\$0.00	\$50.52	\$8.29	\$13.23	\$4.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PINEWOOD NURSING 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: 00142205A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.0893	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.27%	1.0%	Quarterly Medicaid PDPM:			1.0678	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.72	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.0887	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,413,305	\$1,215,132	\$0	\$306,451	\$484,387	\$0	\$875,569		\$531,766	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$155,312)	\$0	\$0	\$0	\$0	\$0	(\$95,558)		(\$59,754)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$95,558		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$59,754
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,413,305	\$1,215,132	\$0	\$306,451	\$484,387	\$0	\$780,011	\$95,558	\$472,012	\$59,754
8	Total Nursing Facility Days As Filed Days = 17,787	FY22 Audited C/R Days	17,787									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,787	FY22 GL-PL Ins Rpt Days								17,787		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.90	\$68.32	\$0.00	\$17.23	\$27.23	(with L&H)	\$43.85	\$5.37	\$26.54	\$3.36
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.0893</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$62.72								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.72	\$0.00	\$17.23	\$27.23		\$43.85	\$5.37	\$26.54	\$3.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.88	\$62.72	\$0.00	\$17.23	\$27.23		\$38.83	\$5.37	9.14 (FRV)	\$3.36
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	\$163.88	\$62.72	\$0.00	\$17.23	\$27.23	\$0.00	\$38.83	\$5.37	\$9.14	\$3.36
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.0887</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$68.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.44	\$68.28	\$0.00	\$17.23	\$27.23	\$0.00	\$38.83	\$5.37	\$9.14	\$3.36
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.68	\$0.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
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	\$20.99	\$3.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$190.43	\$71.54	\$0.00	\$17.45	\$27.64	\$0.00	\$55.93	\$5.37	\$9.14	\$3.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.00									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: OAKVIEW 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: 00142238A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3099	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.52%	1.0%	Quarterly Medicaid PDPM:			1.2482	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.41	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2724	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,789,458	\$5,557,068	\$0	\$1,035,426	\$1,070,020	\$0	\$1,979,374		\$1,147,570	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$377,551)	\$0	\$0	\$0	\$0	\$0	(\$330,635)		(\$46,916)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,780		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,916
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,576,603	\$5,557,068	\$0	\$1,035,426	\$1,070,020	\$0	\$1,648,739	\$117,780	\$1,100,654	\$46,916
8	Total Nursing Facility Days As Filed Days = 49,464	FY22 Audited C/R Days	49,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,464	FY22 GL-PL Ins Rpt Days								49,464		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.82	\$112.35	\$0.00	\$20.93	\$21.63	(with L&H)	\$33.33	\$2.38	\$22.25	\$0.95
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3099</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.77	\$0.00	\$20.93	\$21.63		\$33.33	\$2.38	\$22.25	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.34	\$85.77	\$0.00	\$20.93	\$21.63		\$33.33	\$2.38	16.35 (FRV)	\$0.95
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	\$181.34	\$85.77	\$0.00	\$20.93	\$21.63	\$0.00	\$33.33	\$2.38	\$16.35	\$0.95
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2724</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.70	\$109.13	\$0.00	\$20.93	\$21.63	\$0.00	\$33.33	\$2.38	\$16.35	\$0.95
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46								
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	\$8.08	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$212.78	\$116.21	\$0.00	\$21.15	\$22.04	\$0.00	\$33.70	\$2.38	\$16.35	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.59									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2309	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		42.67%	2.5%	Quarterly Medicaid PDPM:			1.1597	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.69	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.1827	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,868,167	\$2,961,302	\$0	\$657,986	\$759,706	\$0	\$1,133,227		\$355,946	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$118,331)	\$0	\$0	\$0	\$0	\$0	(\$91,660)		(\$26,671)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$26,671
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,854,507	\$2,961,302	\$0	\$657,986	\$759,706	\$0	\$1,041,567	\$78,000	\$329,275	\$26,671
8	Total Nursing Facility Days As Filed Days = 27,337	FY22 Audited C/R Days	27,337									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,337	FY22 GL-PL Ins Rpt Days								27,337		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.17	\$108.33	\$0.00	\$24.07	\$27.79	(with L&H)	\$38.10	\$2.85	\$12.05	\$0.98
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2309</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.01	\$0.00	\$24.07	\$27.79		\$38.10	\$2.85	\$12.05	\$0.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.20	\$88.01	\$0.00	\$24.07	\$27.79		\$38.10	\$2.85	11.40 (FRV)	\$0.98
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	\$193.20	\$88.01	\$0.00	\$24.07	\$27.79	\$0.00	\$38.10	\$2.85	\$11.40	\$0.98
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1827</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$104.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.28	\$104.09	\$0.00	\$24.07	\$27.79	\$0.00	\$38.10	\$2.85	\$11.40	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$26.43	\$8.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$235.71	\$112.42	\$0.00	\$24.29	\$28.20	\$0.00	\$55.57	\$2.85	\$11.40	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.96									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE OAKS NURSING HOME, INC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142271A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4449	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid PDPM:			1.4773	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.96	5.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5068	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM 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			
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 FY22 C/R - FY22 GL/PL Rpt	\$4,275,811	\$2,408,812	\$0	\$453,900	\$677,008	\$0	\$690,077		\$46,014	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$93,677)	(\$1,676)	\$0	\$0	\$0	\$0	(\$56,164)		(\$35,837)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,164		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,837
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,274,135	\$2,407,136	\$0	\$453,900	\$677,008	\$0	\$633,913	\$56,164	\$10,177	\$35,837
8	Total Nursing Facility Days As Filed Days = 20,728	FY22 Audited C/R Days	20,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,728	FY22 GL-PL Ins Rpt Days								20,728		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.20	\$116.13	\$0.00	\$21.90	\$32.66	(with L&H)	\$30.58	\$2.71	\$0.49	\$1.73
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4449								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.37	\$0.00	\$21.90	\$32.66		\$30.58	\$2.71	\$0.49	\$1.73
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.85	\$80.37	\$0.00	\$21.90	\$32.66		\$30.58	\$2.71	16.90 (FRV)	\$1.73
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	\$186.85	\$80.37	\$0.00	\$21.90	\$32.66	\$0.00	\$30.58	\$2.71	\$16.90	\$1.73
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.5068								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.58	\$121.10	\$0.00	\$21.90	\$32.66	\$0.00	\$30.58	\$2.71	\$16.90	\$1.73
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 = 5.5% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.66	\$6.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.06	\$6.06								
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	\$31.35	\$13.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.93	\$134.35	\$0.00	\$22.12	\$33.07	\$0.00	\$48.05	\$2.71	\$16.90	\$1.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.37									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - OLD CAPITOL				<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: 00142304A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.2948	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	44.71%	2.5%	Quarterly Medicaid PDPM:			1.3772	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.23	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4048	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,719,136	\$3,198,606	\$0	\$593,449	\$658,836	\$0	\$986,306		\$281,939	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$565,242)	(\$12,325)	\$0	\$0	\$0	\$0	(\$529,740)		(\$23,177)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$506,930		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,651
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,699,475	\$3,186,281	\$0	\$593,449	\$658,836	\$0	\$456,566	\$506,930	\$258,762	\$38,651
8	Total Nursing Facility Days As Filed Days = 33,716	FY22 Audited C/R Days	33,716									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,716	FY22 GL-PL Ins Rpt Days								33,716		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.04	\$94.50	\$0.00	\$17.60	\$19.54	(with L&H)	\$13.54	\$15.04	\$7.67	\$1.15
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2948</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.98	\$0.00	\$17.60	\$19.54		\$13.54	\$15.04	\$7.67	\$1.15
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.32	\$72.98	\$0.00	\$17.60	\$19.54		\$13.54	\$15.04	9.47 (FRV)	\$1.15
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	\$149.32	\$72.98	\$0.00	\$17.60	\$19.54	\$0.00	\$13.54	\$15.04	\$9.47	\$1.15
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4048</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$102.52								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.86	\$102.52	\$0.00	\$17.60	\$19.54	\$0.00	\$13.54	\$15.04	\$9.47	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	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	\$27.34	\$9.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$206.20	\$111.76	\$0.00	\$17.82	\$19.95	\$0.00	\$31.01	\$15.04	\$9.47	\$1.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.83									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - OCILLA				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142315A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.4547	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	23.73%	1.0%	Quarterly Medicaid PDPM:			1.5620	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.84	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5939	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,985,196	\$2,813,326	\$0	\$347,411	\$609,074	\$0	\$900,970		\$314,415	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$339,160)	(\$87,588)	\$0	\$1,981	(\$7,255)	(\$4,636)	(\$233,051)		(\$8,611)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$294,645		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,179
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,960,860	\$2,725,738	\$0	\$349,392	\$601,819	(\$4,636)	\$667,919	\$294,645	\$305,804	\$20,179
8	Total Nursing Facility Days As Filed Days = 21,183	FY22 Audited C/R Days	21,183									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,183	FY22 GL-PL Ins Rpt Days								21,183		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.19	\$128.68	\$0.00	\$16.49	\$28.19	(with L&H)	\$31.53	\$13.91	\$14.44	\$0.95
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4547</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.46								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.46	\$0.00	\$16.49	\$28.19		\$31.53	\$13.91	\$14.44	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.71	\$88.46	\$0.00	\$16.49	\$28.19		\$31.53	\$13.91	11.18 (FRV)	\$0.95
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	\$190.71	\$88.46	\$0.00	\$16.49	\$28.19	\$0.00	\$31.53	\$13.91	\$11.18	\$0.95
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5939</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.00								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.25	\$141.00	\$0.00	\$16.49	\$28.19	\$0.00	\$31.53	\$13.91	\$11.18	\$0.95
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.05	\$7.05								
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	\$27.09	\$8.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.34	\$149.99	\$0.00	\$16.71	\$28.60	\$0.00	\$49.00	\$13.91	\$11.18	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.93									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PALEMON GASKINS MEM NSG HOME Prvdr ID: 00142326A PDPM Per Diem Rate Effective Date: 4/1/2025 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.41% Nurse Hours per On-Site Day/Quality Incentive: 0.00 Facility Score Add-on Percent 0.00% 1.0% 2.0% Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.2148 Quarterly Medicaid PDPM: 1.3129 Qtrly Mcaid PDPM w RUG Wght Options: 1.3394 Facility Specific 1.2148 1.3129 1.3394 State-wide 1.4040 1.4519 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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)		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 FY22 C/R - FY22 GL/PL Rpt	\$2,434,145	\$1,054,846	\$0	\$401,988	\$83,048	\$265,705	\$566,125		\$62,433	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$90,541)	\$41,246	\$0	(\$134,788)	\$3,238	\$11,383	(\$8,704)		(\$2,916)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$27,603		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$3,897
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$2,375,104	\$1,096,092	\$0	\$267,200	\$86,286	\$277,088	\$557,421	\$27,603	\$59,517	\$3,897
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 7,657 FY22 Audited C/R Days FY22 GL-PL Ins Rpt Days	7,657									
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$310.19	\$143.15	\$0.00	\$34.90	\$47.46	(with L&H)	\$72.80	\$3.60	\$7.77	\$0.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.2148								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.83								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$117.83	\$0.00	\$34.90	\$47.46		\$72.80	\$3.60	\$7.77	\$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$245.41	\$117.25	\$0.00	\$34.90	\$33.22		\$38.83	\$3.60	17.10 (FRV)	\$0.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$245.41	\$117.25	\$0.00	\$34.90	\$33.22	\$0.00	\$38.83	\$3.60	\$17.10	\$0.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.3394								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$157.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.20	\$157.04	\$0.00	\$34.90	\$33.22	\$0.00	\$38.83	\$3.60	\$17.10	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$22.03	\$4.71	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$307.23	\$161.75	\$0.00	\$35.12	\$33.22	\$0.00	\$55.93	\$3.60	\$17.10	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.60									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3852	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.95%	1.0%	Quarterly Medicaid PDPM:			1.5934	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.20	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6261	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$13,405,592	\$7,720,209	\$0	\$929,020	\$1,388,493	\$0	\$2,332,733		\$1,035,137	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,237,650)	(\$228,869)	\$0	\$8,109	\$18,693	(\$2,121)	(\$848,864)		(\$184,598)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$887,486		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$103,980
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,159,408	\$7,491,340	\$0	\$937,129	\$1,407,186	(\$2,121)	\$1,483,869	\$887,486	\$850,539	\$103,980
8	Total Nursing Facility Days As Filed Days = 55,465	FY22 Audited C/R Days	55,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,465	FY22 GL-PL Ins Rpt Days								55,465		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$237.24	\$135.06	\$0.00	\$16.90	\$25.33	(with L&H)	\$26.75	\$16.00	\$15.33	\$1.87
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3852</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.50	\$0.00	\$16.90	\$25.33		\$26.75	\$16.00	\$15.33	\$1.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.22	\$97.50	\$0.00	\$16.90	\$25.33		\$26.75	\$16.00	10.87 (FRV)	\$1.87
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	\$195.22	\$97.50	\$0.00	\$16.90	\$25.33	\$0.00	\$26.75	\$16.00	\$10.87	\$1.87
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6261</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$158.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.26	\$158.54	\$0.00	\$16.90	\$25.33	\$0.00	\$26.75	\$16.00	\$10.87	\$1.87
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.93	\$7.93								
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	\$28.15	\$10.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$284.41	\$168.59	\$0.00	\$17.12	\$25.74	\$0.00	\$44.22	\$16.00	\$10.87	\$1.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.48									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WELLSTAR PAULDING NURSING 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: 00142359A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3650	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid PDPM:			1.3316	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.65	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3583	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$25,025,094	\$9,359,117	\$0	\$2,852,873	\$1,738,644	\$2,638,731	\$3,850,019		\$4,585,710	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$122,561)	(\$2,653)	\$0	\$0	(\$1,736)	(\$2,633)	(\$115,539)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$116,211		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$25,018,744	\$9,356,464	\$0	\$2,852,873	\$1,736,908	\$2,636,098	\$3,734,480	\$116,211	\$4,585,710	\$0
8	Total Nursing Facility Days As Filed Days = 46,242	FY22 Audited C/R Days	46,242									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,242	FY22 GL-PL Ins Rpt Days								46,242		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$541.04	\$202.34	\$0.00	\$61.69	\$94.57	(with L&H)	\$80.76	\$2.51	\$99.17	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3650</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$148.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$148.23	\$0.00	\$61.69	\$94.57		\$80.76	\$2.51	\$99.17	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.04	\$117.25	\$0.00	\$36.63	\$33.22		\$38.83	\$2.51	11.60 (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	\$240.04	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$2.51	\$11.60	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3583</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$282.05	\$159.26	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$2.51	\$11.60	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.98	\$3.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.78	\$4.78								
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	\$8.76	\$8.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$290.81	\$168.02	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$2.51	\$11.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE LODGE				<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: 00142381A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5293	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.32%	1.0%	Quarterly Medicaid PDPM:			1.4474	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.36	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.4763	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,845,660	\$3,894,768	\$0	\$648,725	\$839,081	\$0	\$1,315,959		\$147,127	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$199,869)	\$0	\$0	\$0	\$0	\$0	(\$190,279)		(\$9,590)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$199,206		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$9,590
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,854,587	\$3,894,768	\$0	\$648,725	\$839,081	\$0	\$1,125,680	\$199,206	\$137,537	\$9,590
8	Total Nursing Facility Days As Filed Days = 25,560	FY22 Audited C/R Days	25,560									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,560	FY22 GL-PL Ins Rpt Days								25,560		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$268.18	\$152.38	\$0.00	\$25.38	\$32.83	(with L&H)	\$44.04	\$7.79	\$5.38	\$0.38
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5293</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.64	\$0.00	\$25.38	\$32.83		\$44.04	\$7.79	\$5.38	\$0.38
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$242.03	\$99.64	\$0.00	\$25.38	\$32.83		\$38.83	\$7.79	37.18 (FRV)	\$0.38
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	\$242.03	\$99.64	\$0.00	\$25.38	\$32.83	\$0.00	\$38.83	\$7.79	\$37.18	\$0.38
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4763</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$289.49	\$147.10	\$0.00	\$25.38	\$32.83	\$0.00	\$38.83	\$7.79	\$37.18	\$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)	\$1.04	\$0.53	\$0.00	\$0.22	\$0.29	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.41	\$4.41								
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	\$24.02	\$6.41	\$0.00	\$0.22	\$0.29	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.51	\$153.51	\$0.00	\$25.60	\$33.12	\$0.00	\$55.93	\$7.79	\$37.18	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.31									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ARCHBOLD LIVING PELHAM				<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 PDPMCMI:			1.2463	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.30%	1.0%	Quarterly Medicaid PDPM:			1.1806	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.53	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2040	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,837,030	\$5,094,467	\$0	\$940,637	\$689,779	\$979,186	\$1,758,142		\$374,819	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$52,952)	\$0	\$0	\$0	\$0	\$0	(\$39,378)		(\$13,574)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,378		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,574
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,837,030	\$5,094,467	\$0	\$940,637	\$689,779	\$979,186	\$1,718,764	\$39,378	\$361,245	\$13,574
8	Total Nursing Facility Days As Filed Days = 31,385	FY22 Audited C/R Days	31,385									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,385	FY22 GL-PL Ins Rpt Days								31,385		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$313.42	\$162.32	\$0.00	\$29.97	\$53.18	(with L&H)	\$54.76	\$1.25	\$11.51	\$0.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2463</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$130.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$130.24	\$0.00	\$29.97	\$53.18		\$54.76	\$1.25	\$11.51	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.92	\$117.25	\$0.00	\$29.97	\$33.22		\$38.83	\$1.25	14.97 (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	\$235.92	\$117.25	\$0.00	\$29.97	\$33.22	\$0.00	\$38.83	\$1.25	\$14.97	\$0.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2040</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.84	\$141.17	\$0.00	\$29.97	\$33.22	\$0.00	\$38.83	\$1.25	\$14.97	\$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)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$22.97	\$5.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$282.81	\$146.82	\$0.00	\$30.19	\$33.22	\$0.00	\$55.93	\$1.25	\$14.97	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$199.28									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.6208	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.50%	1.0%	Quarterly Medicaid PDPM:			1.6073	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.21	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6405	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,348,988	\$2,186,438	\$0	\$405,342	\$583,446	\$0	\$894,809		\$278,953	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$256,038)	(\$60,652)	\$0	\$0	\$1,268	(\$1,236)	(\$157,683)		(\$37,735)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,805		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$33,481
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,339,236	\$2,125,786	\$0	\$405,342	\$584,714	(\$1,236)	\$737,126	\$212,805	\$241,218	\$33,481
8	Total Nursing Facility Days As Filed Days = 17,220	FY22 Audited C/R Days	17,220									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,220	FY22 GL-PL Ins Rpt Days								17,220		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.99	\$123.45	\$0.00	\$23.54	\$33.88	(with L&H)	\$42.81	\$12.36	\$14.01	\$1.94
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6208</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.16	\$0.00	\$23.54	\$33.88		\$42.81	\$12.36	\$14.01	\$1.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.25	\$76.16	\$0.00	\$23.54	\$33.22		\$38.83	\$12.36	18.20 (FRV)	\$1.94
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	\$204.25	\$76.16	\$0.00	\$23.54	\$33.22	\$0.00	\$38.83	\$12.36	\$18.20	\$1.94
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6405</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.03	\$124.94	\$0.00	\$23.54	\$33.22	\$0.00	\$38.83	\$12.36	\$18.20	\$1.94
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.25	\$1.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.25	\$6.25								
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	\$25.35	\$8.03	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$278.38	\$132.97	\$0.00	\$23.76	\$33.22	\$0.00	\$55.93	\$12.36	\$18.20	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.96									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARBORVIEW PIERCE COUNTY				<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: 00142447A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5582	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.64%	1.0%	Quarterly Medicaid PDPM:			2.0825	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.93	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			2.1262	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,175,031	\$2,944,288	\$0	\$508,838	\$614,904	\$0	\$1,154,580		\$952,421	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$210,615)	(\$6,286)	\$0	\$0	\$0	(\$16)	(\$95,619)		(\$108,694)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$95,619		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$114,996
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,175,031	\$2,938,002	\$0	\$508,838	\$614,904	(\$16)	\$1,058,961	\$95,619	\$843,727	\$114,996
8	Total Nursing Facility Days As Filed Days = 25,171	FY22 Audited C/R Days	25,171									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,171	FY22 GL-PL Ins Rpt Days								25,171		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.33	\$116.72	\$0.00	\$20.22	\$24.43	(with L&H)	\$42.07	\$3.80	\$33.52	\$4.57
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5582</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.91	\$0.00	\$20.22	\$24.43		\$42.07	\$3.80	\$33.52	\$4.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.15	\$74.91	\$0.00	\$20.22	\$24.43		\$38.83	\$3.80	19.39 (FRV)	\$4.57
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	\$186.15	\$74.91	\$0.00	\$20.22	\$24.43	\$0.00	\$38.83	\$3.80	\$19.39	\$4.57
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>2.1262</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$270.51	\$159.27	\$0.00	\$20.22	\$24.43	\$0.00	\$38.83	\$3.80	\$19.39	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$24.63	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$295.14	\$166.17	\$0.00	\$20.44	\$24.84	\$0.00	\$55.93	\$3.80	\$19.39	\$4.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.53									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PINE KNOLL NURSING & 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: 00142458A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4139	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.50%	1.0%	Quarterly Medicaid PDPM:			1.5661	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5984	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,525,010	\$4,615,295	\$0	\$759,799	\$655,490	\$0	\$1,406,922		\$1,087,504	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$66,215)	(\$197,518)	\$0	(\$15,787)	\$0	\$15,787	\$179,515		(\$48,212)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$18,003		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$48,212
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,525,010	\$4,417,777	\$0	\$744,012	\$655,490	\$15,787	\$1,586,437	\$18,003	\$1,039,292	\$48,212
8	Total Nursing Facility Days As Filed Days = 36,643	FY22 Audited C/R Days	36,643									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,643	FY22 GL-PL Ins Rpt Days								36,643		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$232.64	\$120.56	\$0.00	\$20.30	\$18.32	(with L&H)	\$43.29	\$0.49	\$28.36	\$1.32
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4139</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.27	\$0.00	\$20.30	\$18.32		\$43.29	\$0.49	\$28.36	\$1.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.30	\$85.27	\$0.00	\$20.30	\$18.32		\$38.83	\$0.49	9.77 (FRV)	\$1.32
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	\$174.30	\$85.27	\$0.00	\$20.30	\$18.32	\$0.00	\$38.83	\$0.49	\$9.77	\$1.32
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5984</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.33	\$136.30	\$0.00	\$20.30	\$18.32	\$0.00	\$38.83	\$0.49	\$9.77	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.04	\$142.28	\$0.00	\$20.52	\$18.73	\$0.00	\$55.93	\$0.49	\$9.77	\$1.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.96									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CROSSVIEW 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: 00142502A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2083	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.16%	2.5%	Quarterly Medicaid PDPM:			1.1789	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.82	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2025	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,790,382	\$3,139,039	\$0	\$484,981	\$447,694	\$0	\$691,784		\$1,026,884	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$100,487)	\$0	\$0	\$0	\$0	\$0	(\$76,474)		(\$24,013)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$62,734		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,013
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,776,642	\$3,139,039	\$0	\$484,981	\$447,694	\$0	\$615,310	\$62,734	\$1,002,871	\$24,013
8	Total Nursing Facility Days As Filed Days = 25,512	FY22 Audited C/R Days	25,512									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,512	FY22 GL-PL Ins Rpt Days								25,512		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.43	\$123.04	\$0.00	\$19.01	\$17.55	(with L&H)	\$24.12	\$2.46	\$39.31	\$0.94
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.2083								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$101.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.83	\$0.00	\$19.01	\$17.55		\$24.12	\$2.46	\$39.31	\$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.40	\$101.83	\$0.00	\$19.01	\$17.55		\$24.12	\$2.46	9.49 (FRV)	\$0.94
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	\$175.40	\$101.83	\$0.00	\$19.01	\$17.55	\$0.00	\$24.12	\$2.46	\$9.49	\$0.94
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.2025								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.45								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.02	\$122.45	\$0.00	\$19.01	\$17.55	\$0.00	\$24.12	\$2.46	\$9.49	\$0.94
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45								
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	\$24.14	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$220.16	\$128.49	\$0.00	\$19.23	\$17.96	\$0.00	\$41.59	\$2.46	\$9.49	\$0.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.30									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR				<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: 00142513A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3591	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		48.89%	5.5%	Quarterly Medicaid PDPM:			1.2247	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.31	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2489	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,351,015	\$2,495,636	\$0	\$637,773	\$288,397	\$282,916	\$1,195,171		\$451,122	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$72,314)	\$48,761	\$0	\$93	\$0	\$0	(\$97,997)		(\$23,171)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$47,768		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,171
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,349,640	\$2,544,397	\$0	\$637,866	\$288,397	\$282,916	\$1,097,174	\$47,768	\$427,951	\$23,171
8	Total Nursing Facility Days As Filed Days = 22,688	FY22 Audited C/R Days	22,688									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,688	FY22 GL-PL Ins Rpt Days								22,688		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.79	\$112.15	\$0.00	\$28.11	\$25.18	(with L&H)	\$48.36	\$2.11	\$18.86	\$1.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3591</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.52	\$0.00	\$28.11	\$25.18		\$48.36	\$2.11	\$18.86	\$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.76	\$82.52	\$0.00	\$28.11	\$25.18		\$38.83	\$2.11	10.99 (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	\$188.76	\$82.52	\$0.00	\$28.11	\$25.18	\$0.00	\$38.83	\$2.11	\$10.99	\$1.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2489</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$103.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.30	\$103.06	\$0.00	\$28.11	\$25.18	\$0.00	\$38.83	\$2.11	\$10.99	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$27.02	\$9.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.32	\$112.35	\$0.00	\$28.33	\$25.59	\$0.00	\$55.93	\$2.11	\$10.99	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.42									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LILLIAN CARTER 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: 00142524A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4379	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		60.00%	5.5%	Quarterly Medicaid PDPM:			1.4738	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5031	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,220,095	\$3,426,459	\$0	\$600,488	\$633,563	\$0	\$1,031,907		\$527,678	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$129,127)	\$0	\$0	\$0	(\$732)	(\$1,340)	(\$92,167)		(\$34,888)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$34,774
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,203,742	\$3,426,459	\$0	\$600,488	\$632,831	(\$1,340)	\$939,740	\$78,000	\$492,790	\$34,774
8	Total Nursing Facility Days As Filed Days = 27,401	FY22 Audited C/R Days	27,401									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,401	FY22 GL-PL Ins Rpt Days								27,401		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.41	\$125.05	\$0.00	\$21.91	\$23.05	(with L&H)	\$34.30	\$2.85	\$17.98	\$1.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4379</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.97								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.97	\$0.00	\$21.91	\$23.05		\$34.30	\$2.85	\$17.98	\$1.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.21	\$86.97	\$0.00	\$21.91	\$23.05		\$34.30	\$2.85	11.86 (FRV)	\$1.27
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	\$182.21	\$86.97	\$0.00	\$21.91	\$23.05	\$0.00	\$34.30	\$2.85	\$11.86	\$1.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5031</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.96	\$130.72	\$0.00	\$21.91	\$23.05	\$0.00	\$34.30	\$2.85	\$11.86	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.19	\$7.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$29.74	\$11.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.70	\$142.36	\$0.00	\$22.13	\$23.46	\$0.00	\$51.77	\$2.85	\$11.86	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.95									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE PLACE AT MARTINEZ				<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: 00142535A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4000	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.36%	2.5%	Quarterly Medicaid PDPM:			1.4389	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.71	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4677	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,516,682	\$3,639,565	\$0	\$581,846	\$556,701	\$0	\$1,309,368		\$429,202	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$562,870)	(\$8,952)	\$0	\$0	\$0	\$0	(\$464,789)		(\$89,129)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$414,789		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$89,129
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,457,730	\$3,630,613	\$0	\$581,846	\$556,701	\$0	\$844,579	\$414,789	\$340,073	\$89,129
8	Total Nursing Facility Days As Filed Days = 26,802	FY22 Audited C/R Days	26,802									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,802	FY22 GL-PL Ins Rpt Days								26,802		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$240.95	\$135.46	\$0.00	\$21.71	\$20.77	(with L&H)	\$31.51	\$15.48	\$12.69	\$3.33
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4000</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.76	\$0.00	\$21.71	\$20.77		\$31.51	\$15.48	\$12.69	\$3.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.21	\$96.76	\$0.00	\$21.71	\$20.77		\$31.51	\$15.48	12.65 (FRV)	\$3.33
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	\$202.21	\$96.76	\$0.00	\$21.71	\$20.77	\$0.00	\$31.51	\$15.48	\$12.65	\$3.33
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4677</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.46	\$142.01	\$0.00	\$21.71	\$20.77	\$0.00	\$31.51	\$15.48	\$12.65	\$3.33
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.55	\$3.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
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	\$26.44	\$8.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.90	\$150.35	\$0.00	\$21.93	\$21.18	\$0.00	\$48.98	\$15.48	\$12.65	\$3.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.60									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PLEASANT VIEW NURSING CENTER Prvdr ID: 00142546A PDPM Per Diem Rate Effective Date: 4/1/2025 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.37% Nurse Hours per On-Site Day/Quality Incentive: 2.23 Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.1693 Quarterly Medicaid PDPM: 1.2401 Qtrly Mcaid PDPM w RUG Wght Options: 1.2652 Facility Specific State-wide 1.1693 1.4040 1.2401 1.4519 1.2652 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,480,437	\$3,462,988	\$0	\$543,766	\$646,726	\$0	\$990,273		\$836,684	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$223,401)	(\$6,100)	\$0	\$0	\$0	\$0	(\$170,463)		(\$46,838)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$80,560		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,838
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,384,434	\$3,456,888	\$0	\$543,766	\$646,726	\$0	\$819,810	\$80,560	\$789,846	\$46,838
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,249 As Filed Days = 40,249	40,249									
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.62	\$85.89	\$0.00	\$13.51	\$16.07	(with L&H)	\$20.37	\$2.00	\$19.62	\$1.16
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.1693								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.46								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.46	\$0.00	\$13.51	\$16.07		\$20.37	\$2.00	\$19.62	\$1.16
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.08	\$73.46	\$0.00	\$13.51	\$16.07		\$20.37	\$2.00	10.51 (FRV)	\$1.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.08	\$73.46	\$0.00	\$13.51	\$16.07	\$0.00	\$20.37	\$2.00	\$10.51	\$1.16
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2652								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$92.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.56	\$92.94	\$0.00	\$13.51	\$16.07	\$0.00	\$20.37	\$2.00	\$10.51	\$1.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
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	\$22.81	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$179.37	\$97.65	\$0.00	\$13.73	\$16.48	\$0.00	\$37.84	\$2.00	\$10.51	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CEDAR VALLEY 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: 00142557A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2065	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.91%	1.0%	Quarterly Medicaid PDPM:			1.4763	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.35	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5067	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,615,466	\$2,655,076	\$0	\$556,913	\$507,308	\$0	\$986,621		\$909,548	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$52,823)	(\$205,002)	\$0	(\$3,725)	\$0	\$3,725	\$190,245		(\$38,066)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$14,757		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,066
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,615,466	\$2,450,074	\$0	\$553,188	\$507,308	\$3,725	\$1,176,866	\$14,757	\$871,482	\$38,066
8	Total Nursing Facility Days As Filed Days = 25,979	FY22 Audited C/R Days	25,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,979	FY22 GL-PL Ins Rpt Days								25,979		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.16	\$94.31	\$0.00	\$21.29	\$19.67	(with L&H)	\$45.30	\$0.57	\$33.55	\$1.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2065</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$21.29	\$19.67		\$45.30	\$0.57	\$33.55	\$1.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.17	\$78.17	\$0.00	\$21.29	\$19.67		\$38.83	\$0.57	11.17 (FRV)	\$1.47
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	\$171.17	\$78.17	\$0.00	\$21.29	\$19.67	\$0.00	\$38.83	\$0.57	\$11.17	\$1.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5067</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.78	\$117.78	\$0.00	\$21.29	\$19.67	\$0.00	\$38.83	\$0.57	\$11.17	\$1.47
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$233.75	\$123.02	\$0.00	\$21.51	\$20.08	\$0.00	\$55.93	\$0.57	\$11.17	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRESBYTERIAN HOME, QUITMAN, 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: 00142579A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4372	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		44.72%	2.5%	Quarterly Medicaid PDPM:			1.3259	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.77	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3524	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$13,317,639	\$6,552,939	\$0	\$1,848,859	\$1,650,256	\$0	\$2,517,188		\$748,397	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$137,150)	\$0	\$0	\$0	\$0	\$0	(\$106,804)		(\$30,346)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$106,804		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,346
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,317,639	\$6,552,939	\$0	\$1,848,859	\$1,650,256	\$0	\$2,410,384	\$106,804	\$718,051	\$30,346
8	Total Nursing Facility Days As Filed Days = 55,418	FY22 Audited C/R Days	55,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,418	FY22 GL-PL Ins Rpt Days								55,418		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$240.32	\$118.25	\$0.00	\$33.36	\$29.78	(with L&H)	\$43.49	\$1.93	\$12.96	\$0.55
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4372</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$33.36	\$29.78		\$43.49	\$1.93	\$12.96	\$0.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.43	\$82.28	\$0.00	\$30.35	\$29.78		\$38.83	\$1.93	21.71 (FRV)	\$0.55
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	\$205.43	\$82.28	\$0.00	\$30.35	\$29.78	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3524</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.43	\$111.28	\$0.00	\$30.35	\$29.78	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
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	\$7.06	\$6.65	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.49	\$117.93	\$0.00	\$30.35	\$30.19	\$0.00	\$38.83	\$1.93	\$21.71	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.12									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2580	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.27%	1.0%	Quarterly Medicaid PDPM:			1.2666	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.55	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2918	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,438,216	\$2,289,994	\$0	\$335,303	\$424,148	\$0	\$586,811		\$801,960	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$119,256)	(\$714)	\$0	\$0	(\$2,119)	(\$2,225)	(\$76,971)		(\$37,227)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$53,224		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,439
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,407,623	\$2,289,280	\$0	\$335,303	\$422,029	(\$2,225)	\$509,840	\$53,224	\$764,733	\$35,439
8	Total Nursing Facility Days As Filed Days = 21,182	FY22 Audited C/R Days	21,181									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,182	FY22 GL-PL Ins Rpt Days								21,181		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.08	\$108.08	\$0.00	\$15.83	\$19.82	(with L&H)	\$24.07	\$2.51	\$36.10	\$1.67
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2580</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.91								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.91	\$0.00	\$15.83	\$19.82		\$24.07	\$2.51	\$36.10	\$1.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.49	\$85.91	\$0.00	\$15.83	\$19.82		\$24.07	\$2.51	10.68 (FRV)	\$1.67
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	\$160.49	\$85.91	\$0.00	\$15.83	\$19.82	\$0.00	\$24.07	\$2.51	\$10.68	\$1.67
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2918</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.56	\$110.98	\$0.00	\$15.83	\$19.82	\$0.00	\$24.07	\$2.51	\$10.68	\$1.67
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$208.63	\$115.95	\$0.00	\$16.05	\$20.23	\$0.00	\$41.54	\$2.51	\$10.68	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.65									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PROVIDENCE HEALTHCARE - THOMASTON				<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: 00142612A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5588	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		17.46%	0.0%	Quarterly Medicaid PDPM:			1.4333	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.62	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4622	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,829,317	\$2,926,940	\$0	\$404,966	\$553,955	\$0	\$866,364		\$1,077,092	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$274,563)	\$0	\$0	\$0	\$0	\$0	(\$243,868)		(\$30,695)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,646		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$30,695
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,647,095	\$2,926,940	\$0	\$404,966	\$553,955	\$0	\$622,496	\$61,646	\$1,046,397	\$30,695
8	Total Nursing Facility Days As Filed Days = 22,795	FY22 Audited C/R Days	22,795									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,795	FY22 GL-PL Ins Rpt Days								22,795		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$247.73	\$128.40	\$0.00	\$17.77	\$24.30	(with L&H)	\$27.31	\$2.70	\$45.90	\$1.35
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5588</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.37								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.37	\$0.00	\$17.77	\$24.30		\$27.31	\$2.70	\$45.90	\$1.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$82.37	\$0.00	\$17.77	\$24.30		\$27.31	\$2.70	9.84 (FRV)	\$1.35
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	\$165.64	\$82.37	\$0.00	\$17.77	\$24.30	\$0.00	\$27.31	\$2.70	\$9.84	\$1.35
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4622</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.71	\$120.44	\$0.00	\$17.77	\$24.30	\$0.00	\$27.31	\$2.70	\$9.84	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$22.24	\$4.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$225.95	\$124.58	\$0.00	\$17.99	\$24.71	\$0.00	\$44.78	\$2.70	\$9.84	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.64									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PROVIDENCE HEALTHCARE OF SPARTA				<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: 00142623A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4238	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		13.51%	0.0%	Quarterly Medicaid PDPM:			1.4324	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.28	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4616	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,661,370	\$1,869,532	\$0	\$363,951	\$344,095	\$0	\$858,669		\$225,123	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$144,486)	\$0	\$0	\$0	\$0	\$0	(\$113,380)		(\$31,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$102,775		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,106
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,650,765	\$1,869,532	\$0	\$363,951	\$344,095	\$0	\$745,289	\$102,775	\$194,017	\$31,106
8	Total Nursing Facility Days As Filed Days = 17,105	FY22 Audited C/R Days	17,105									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,105	FY22 GL-PL Ins Rpt Days								17,105		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.44	\$109.30	\$0.00	\$21.28	\$20.12	(with L&H)	\$43.57	\$6.01	\$11.34	\$1.82
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4238</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.77	\$0.00	\$21.28	\$20.12		\$43.57	\$6.01	\$11.34	\$1.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.63	\$76.77	\$0.00	\$21.28	\$20.12		\$38.83	\$6.01	10.80 (FRV)	\$1.82
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	\$175.63	\$76.77	\$0.00	\$21.28	\$20.12	\$0.00	\$38.83	\$6.01	\$10.80	\$1.82
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4616</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.07	\$112.21	\$0.00	\$21.28	\$20.12	\$0.00	\$38.83	\$6.01	\$10.80	\$1.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	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 Srvcs)	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	\$20.50	\$2.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.57	\$114.98	\$0.00	\$21.50	\$20.53	\$0.00	\$55.93	\$6.01	\$10.80	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.85									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GREENE POINT 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: 00142634A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3627	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.41%	1.0%	Quarterly Medicaid PDPM:			1.2265	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.38	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2504	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,828,974	\$1,983,615	\$0	\$459,355	\$524,430	\$0	\$724,208		\$137,366	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$64,784)	\$0	\$0	\$0	\$0	\$0	(\$47,560)		(\$17,224)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,224
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,820,414	\$1,983,615	\$0	\$459,355	\$524,430	\$0	\$676,648	\$39,000	\$120,142	\$17,224
8	Total Nursing Facility Days As Filed Days = 15,859	FY22 Audited C/R Days	15,859									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,859	FY22 GL-PL Ins Rpt Days								15,859		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$240.91	\$125.08	\$0.00	\$28.96	\$33.07	(with L&H)	\$42.67	\$2.46	\$7.58	\$1.09
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3627</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.79								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.79	\$0.00	\$28.96	\$33.07		\$42.67	\$2.46	\$7.58	\$1.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.82	\$91.79	\$0.00	\$28.96	\$33.07		\$38.83	\$2.46	11.62 (FRV)	\$1.09
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	\$207.82	\$91.79	\$0.00	\$28.96	\$33.07	\$0.00	\$38.83	\$2.46	\$11.62	\$1.09
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2504</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.80	\$114.77	\$0.00	\$28.96	\$33.07	\$0.00	\$38.83	\$2.46	\$11.62	\$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)	\$0.86	\$0.53	\$0.00	\$0.22	\$0.11	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74								
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	\$24.85	\$7.42	\$0.00	\$0.22	\$0.11	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.65	\$122.19	\$0.00	\$29.18	\$33.18	\$0.00	\$55.93	\$2.46	\$11.62	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.91									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WARRENTON 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: 00142645A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3168	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.22%	0.0%	Quarterly Medicaid PDPM:			1.5320	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.15	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5630	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,491,125	\$2,274,232	\$0	\$407,915	\$500,555	\$0	\$987,390		\$321,033	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$160,042)	\$0	\$0	\$0	\$0	\$0	(\$105,990)		(\$54,052)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$102,775		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,052
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,487,910	\$2,274,232	\$0	\$407,915	\$500,555	\$0	\$881,400	\$102,775	\$266,981	\$54,052
8	Total Nursing Facility Days As Filed Days = 19,080	FY22 Audited C/R Days	19,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,080	FY22 GL-PL Ins Rpt Days								19,080		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.20	\$119.19	\$0.00	\$21.38	\$26.23	(with L&H)	\$46.19	\$5.39	\$13.99	\$2.83
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3168</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.52	\$0.00	\$21.38	\$26.23		\$46.19	\$5.39	\$13.99	\$2.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.10	\$90.52	\$0.00	\$21.38	\$26.23		\$38.83	\$5.39	9.92 (FRV)	\$2.83
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	\$195.10	\$90.52	\$0.00	\$21.38	\$26.23	\$0.00	\$38.83	\$5.39	\$9.92	\$2.83
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5630</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.06	\$141.48	\$0.00	\$21.38	\$26.23	\$0.00	\$38.83	\$5.39	\$9.92	\$2.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.83								
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	\$21.09	\$3.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.15	\$144.84	\$0.00	\$21.60	\$26.64	\$0.00	\$55.93	\$5.39	\$9.92	\$2.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.54									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ORCHARD 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: 00142656A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2430	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		38.57%	2.5%	Quarterly Medicaid PDPM:			1.2201	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.38	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2447	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,243,522	\$2,888,407	\$0	\$591,270	\$581,395	\$0	\$978,197		\$204,253	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$124,364)	\$0	\$0	\$0	\$0	\$0	(\$99,694)		(\$24,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$86,279		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,670
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,230,107	\$2,888,407	\$0	\$591,270	\$581,395	\$0	\$878,503	\$86,279	\$179,583	\$24,670
8	Total Nursing Facility Days As Filed Days = 24,924	FY22 Audited C/R Days	24,924									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,924	FY22 GL-PL Ins Rpt Days								24,924		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.85	\$115.89	\$0.00	\$23.72	\$23.33	(with L&H)	\$35.25	\$3.46	\$7.21	\$0.99
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.2430								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.23	\$0.00	\$23.72	\$23.33		\$35.25	\$3.46	\$7.21	\$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.49	\$93.23	\$0.00	\$23.72	\$23.33		\$35.25	\$3.46	10.51 (FRV)	\$0.99
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	\$190.49	\$93.23	\$0.00	\$23.72	\$23.33	\$0.00	\$35.25	\$3.46	\$10.51	\$0.99
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.2447								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.30	\$116.04	\$0.00	\$23.72	\$23.33	\$0.00	\$35.25	\$3.46	\$10.51	\$0.99
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.80	\$5.80								
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	\$27.33	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$240.63	\$125.27	\$0.00	\$23.94	\$23.74	\$0.00	\$52.72	\$3.46	\$10.51	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.65									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HERITAGE INN OF SANDERSVILLE 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: 00142678A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3085	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		42.55%	2.5%	Quarterly Medicaid PDPM:			1.4160	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.50	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4447	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,378,011	\$2,290,058	\$0	\$496,744	\$480,434	\$0	\$752,387		\$358,388	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$146,157)	(\$59,166)	\$0	\$0	\$0	(\$565)	(\$57,165)		(\$29,261)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,244
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,307,898	\$2,230,892	\$0	\$496,744	\$480,434	(\$565)	\$695,222	\$46,800	\$329,127	\$29,244
8	Total Nursing Facility Days As Filed Days = 20,384	FY22 Audited C/R Days	20,397									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,384	FY22 GL-PL Ins Rpt Days								20,397		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.19	\$109.37	\$0.00	\$24.35	\$23.53	(with L&H)	\$34.08	\$2.29	\$16.14	\$1.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.3085								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.59	\$0.00	\$24.35	\$23.53		\$34.08	\$2.29	\$16.14	\$1.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.15	\$83.59	\$0.00	\$24.35	\$23.53		\$34.08	\$2.29	11.88 (FRV)	\$1.43
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	\$181.15	\$83.59	\$0.00	\$24.35	\$23.53	\$0.00	\$34.08	\$2.29	\$11.88	\$1.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.4447								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.76								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.32	\$120.76	\$0.00	\$24.35	\$23.53	\$0.00	\$34.08	\$2.29	\$11.88	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$27.69	\$9.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.01	\$130.35	\$0.00	\$24.57	\$23.94	\$0.00	\$51.55	\$2.29	\$11.88	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: JESUP 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: 00142689A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.9586	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.08%	1.0%	Quarterly Medicaid PDPM:			1.5926	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.86	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6249	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,376,820	\$1,818,102	\$0	\$327,841	\$462,266	\$0	\$1,398,196		\$370,415	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$91,045)	\$23,899	\$0	(\$587)	\$0	(\$20,013)	(\$75,838)		(\$18,506)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$34,655		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,506
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,338,936	\$1,842,001	\$0	\$327,254	\$462,266	(\$20,013)	\$1,322,358	\$34,655	\$351,909	\$18,506
8	Total Nursing Facility Days As Filed Days = 16,400	FY22 Audited C/R Days	16,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,400	FY22 GL-PL Ins Rpt Days								16,400		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$264.57	\$112.32	\$0.00	\$19.95	\$26.97	(with L&H)	\$80.63	\$2.11	\$21.46	\$1.13
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.9586</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$57.35								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.35	\$0.00	\$19.95	\$26.97		\$80.63	\$2.11	\$21.46	\$1.13
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.20	\$57.35	\$0.00	\$19.95	\$26.97		\$38.83	\$2.11	8.86 (FRV)	\$1.13
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	\$155.20	\$57.35	\$0.00	\$19.95	\$26.97	\$0.00	\$38.83	\$2.11	\$8.86	\$1.13
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6249</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$93.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.04	\$93.19	\$0.00	\$19.95	\$26.97	\$0.00	\$38.83	\$2.11	\$8.86	\$1.13
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$21.99	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$213.03	\$97.45	\$0.00	\$20.17	\$27.38	\$0.00	\$55.93	\$2.11	\$8.86	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.95									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: COLQUITT REGIONAL SENIOR CARE & REHABILITATION Prvdr ID: 00142711A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 20.5% Nurse Hours per On-Site Day/Quality Incentive: 3.87		Facility Score Add-on Percent 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4706 Quarterly Medicaid PDPM: 1.3669 Qtrly Mcaid PDPM w RUG Wght Options: 1.3946				Facility Specific 1.4706 1.3669 1.3946	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BUCHANAN 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: 00142722A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2905	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.57%	1.0%	Quarterly Medicaid PDPM:			1.3214	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.83	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3474	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,392,418	\$1,962,868	\$0	\$323,293	\$324,909	\$0	\$1,317,618		\$463,730	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$153,011)	(\$7,863)	\$0	\$0	\$0	\$0	(\$109,394)		(\$35,754)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$109,394		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,754
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,384,555	\$1,955,005	\$0	\$323,293	\$324,909	\$0	\$1,208,224	\$109,394	\$427,976	\$35,754
8	Total Nursing Facility Days As Filed Days = 17,016	FY22 Audited C/R Days	17,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,016	FY22 GL-PL Ins Rpt Days								17,016		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.67	\$114.89	\$0.00	\$19.00	\$19.09	(with L&H)	\$71.01	\$6.43	\$25.15	\$2.10
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2905</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.03	\$0.00	\$19.00	\$19.09		\$71.01	\$6.43	\$25.15	\$2.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.74	\$89.03	\$0.00	\$19.00	\$19.09		\$38.83	\$6.43	13.26 (FRV)	\$2.10
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	\$187.74	\$89.03	\$0.00	\$19.00	\$19.09	\$0.00	\$38.83	\$6.43	\$13.26	\$2.10
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3474</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.67	\$119.96	\$0.00	\$19.00	\$19.09	\$0.00	\$38.83	\$6.43	\$13.26	\$2.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60								
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	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.73	\$125.29	\$0.00	\$19.22	\$19.50	\$0.00	\$55.93	\$6.43	\$13.26	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.47									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3584	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.64%	1.0%	Quarterly Medicaid PDPM:			1.2462	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.18	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2708	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,684,639	\$2,549,317	\$0	\$795,321	\$278,331	\$362,720	\$541,138		\$157,812	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$61,960)	\$0	\$0	(\$3,799)	\$0	\$0	(\$16,723)		(\$41,438)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$16,723		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,237
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,684,639	\$2,549,317	\$0	\$791,522	\$278,331	\$362,720	\$524,415	\$16,723	\$116,374	\$45,237
8	Total Nursing Facility Days As Filed Days = 15,055	FY22 Audited C/R Days	15,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,055	FY22 GL-PL Ins Rpt Days								15,055		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$311.16	\$169.33	\$0.00	\$52.58	\$42.58	(with L&H)	\$34.83	\$1.11	\$7.73	\$3.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3584</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.65								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.65	\$0.00	\$52.58	\$42.58		\$34.83	\$1.11	\$7.73	\$3.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.49	\$117.25	\$0.00	\$36.63	\$33.22		\$34.83	\$1.11	11.45 (FRV)	\$3.00
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	\$237.49	\$117.25	\$0.00	\$36.63	\$33.22	\$0.00	\$34.83	\$1.11	\$11.45	\$3.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2708</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$149.00								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.24	\$149.00	\$0.00	\$36.63	\$33.22	\$0.00	\$34.83	\$1.11	\$11.45	\$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)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.47	\$4.47								
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	\$23.43	\$5.96	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$292.67	\$154.96	\$0.00	\$36.63	\$33.22	\$0.00	\$52.30	\$1.11	\$11.45	\$3.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RIDGEWOOD MANOR 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: 00142744A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3457	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		52.27%	5.5%	Quarterly Medicaid PDPM:			1.2857	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.71	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3114	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,832,596	\$2,997,150	\$0	\$563,126	\$575,324	\$0	\$1,467,194		\$229,802	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$214,214)	(\$6,097)	\$0	\$6,097	(\$2,588)	(\$2,563)	(\$195,983)		(\$13,080)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$195,983		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,963
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,827,328	\$2,991,053	\$0	\$569,223	\$572,736	(\$2,563)	\$1,271,211	\$195,983	\$216,722	\$12,963
8	Total Nursing Facility Days As Filed Days = 25,346	FY22 Audited C/R Days	25,346									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,346	FY22 GL-PL Ins Rpt Days								25,346		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.91	\$118.01	\$0.00	\$22.46	\$22.50	(with L&H)	\$50.15	\$7.73	\$8.55	\$0.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3457</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.70	\$0.00	\$22.46	\$22.50		\$50.15	\$7.73	\$8.55	\$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.76	\$87.70	\$0.00	\$22.46	\$22.50		\$38.83	\$7.73	11.03 (FRV)	\$0.51
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	\$190.76	\$87.70	\$0.00	\$22.46	\$22.50	\$0.00	\$38.83	\$7.73	\$11.03	\$0.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3114</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.07	\$115.01	\$0.00	\$22.46	\$22.50	\$0.00	\$38.83	\$7.73	\$11.03	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.33	\$6.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
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	\$28.04	\$10.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.11	\$125.32	\$0.00	\$22.68	\$22.91	\$0.00	\$55.93	\$7.73	\$11.03	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.76									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARBORVIEW SATILLA				<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: 00142755A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5704	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.29%	2.5%	Quarterly Medicaid PDPM:			1.9334	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.38	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.9724	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,660,393	\$3,060,444	\$0	\$558,313	\$652,966	\$0	\$1,344,642		\$1,044,028	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$216,966)	(\$103,217)	\$0	\$0	\$0	\$0	(\$18,242)		(\$95,507)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,054		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$95,507
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,655,988	\$2,957,227	\$0	\$558,313	\$652,966	\$0	\$1,326,400	\$117,054	\$948,521	\$95,507
8	Total Nursing Facility Days As Filed Days = 32,016	FY22 Audited C/R Days	32,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,016	FY22 GL-PL Ins Rpt Days								32,016		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.90	\$92.37	\$0.00	\$17.44	\$20.39	(with L&H)	\$41.43	\$3.66	\$29.63	\$2.98
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5704</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$58.82								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.82	\$0.00	\$17.44	\$20.39		\$41.43	\$3.66	\$29.63	\$2.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.33	\$58.82	\$0.00	\$17.44	\$20.39		\$38.83	\$3.66	14.21 (FRV)	\$2.98
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	\$156.33	\$58.82	\$0.00	\$17.44	\$20.39	\$0.00	\$38.83	\$3.66	\$14.21	\$2.98
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.9724</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.53	\$116.02	\$0.00	\$17.44	\$20.39	\$0.00	\$38.83	\$3.66	\$14.21	\$2.98
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48								
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	\$24.64	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$238.17	\$122.93	\$0.00	\$17.66	\$20.80	\$0.00	\$55.93	\$3.66	\$14.21	\$2.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.80									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ETOWAH LANDING				<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: 00142766A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3812	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.68%	1.0%	Quarterly Medicaid PDPM:			1.9117	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.11	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.9513	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,493,931	\$3,123,659	\$0	\$566,456	\$559,068	\$0	\$1,246,451		\$998,297	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$383,499)	(\$3,459)	\$0	\$0	(\$4,859)	(\$6,953)	(\$321,002)		(\$47,226)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$233,898		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,228
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,390,558	\$3,120,200	\$0	\$566,456	\$554,209	(\$6,953)	\$925,449	\$233,898	\$951,071	\$46,228
8	Total Nursing Facility Days As Filed Days = 30,135	FY22 Audited C/R Days	30,135									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,135	FY22 GL-PL Ins Rpt Days								30,135		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.06	\$103.54	\$0.00	\$18.80	\$18.16	(with L&H)	\$30.71	\$7.76	\$31.56	\$1.53
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3812</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$74.96								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.96	\$0.00	\$18.80	\$18.16		\$30.71	\$7.76	\$31.56	\$1.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.24	\$74.96	\$0.00	\$18.80	\$18.16		\$30.71	\$7.76	10.32 (FRV)	\$1.53
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	\$162.24	\$74.96	\$0.00	\$18.80	\$18.16	\$0.00	\$30.71	\$7.76	\$10.32	\$1.53
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.9513</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$146.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.55	\$146.27	\$0.00	\$18.80	\$18.16	\$0.00	\$30.71	\$7.76	\$10.32	\$1.53
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$24.48	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.03	\$152.65	\$0.00	\$19.02	\$18.57	\$0.00	\$48.18	\$7.76	\$10.32	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4679	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.50%	2.5%	Quarterly Medicaid PDPM:			1.6475	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.96	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6818	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,954,887	\$2,063,579	\$0	\$379,954	\$445,624	\$0	\$1,318,921		\$746,809	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$143,207)	\$0	\$0	\$0	(\$985)	(\$1,167)	(\$85,821)		(\$55,234)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,725		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,967
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,918,372	\$2,063,579	\$0	\$379,954	\$444,639	(\$1,167)	\$1,233,100	\$51,725	\$691,575	\$54,967
8	Total Nursing Facility Days As Filed Days = 22,709	FY22 Audited C/R Days	22,709									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,709	FY22 GL-PL Ins Rpt Days								22,709		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.58	\$90.87	\$0.00	\$16.73	\$19.53	(with L&H)	\$54.30	\$2.28	\$30.45	\$2.42
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4679</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$61.90								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.90	\$0.00	\$16.73	\$19.53		\$54.30	\$2.28	\$30.45	\$2.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.50	\$61.90	\$0.00	\$16.73	\$19.53		\$38.83	\$2.28	8.81 (FRV)	\$2.42
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	\$150.50	\$61.90	\$0.00	\$16.73	\$19.53	\$0.00	\$38.83	\$2.28	\$8.81	\$2.42
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6818</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$104.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.70	\$104.10	\$0.00	\$16.73	\$19.53	\$0.00	\$38.83	\$2.28	\$8.81	\$2.42
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.98	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.68	\$110.35	\$0.00	\$16.95	\$19.94	\$0.00	\$55.93	\$2.28	\$8.81	\$2.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.69									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TWIN FOUNTAINS 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: 00142843A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.1921	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.75%	2.5%	Quarterly Medicaid PDPM:			1.1656	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.47	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.1884	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,045,259	\$3,833,708	\$0	\$975,565	\$1,003,864	\$821,818	\$4,643,116		\$767,188	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$56,059)	\$0	\$0	\$0	\$0	\$0	(\$56,059)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$56,059		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,045,259	\$3,833,708	\$0	\$975,565	\$1,003,864	\$821,818	\$4,587,057	\$56,059	\$767,188	\$0
8	Total Nursing Facility Days As Filed Days = 30,676	FY22 Audited C/R Days	30,676									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,676	FY22 GL-PL Ins Rpt Days								30,676		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$392.65	\$124.97	\$0.00	\$31.80	\$59.51	(with L&H)	\$149.53	\$1.83	\$25.01	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1921</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$104.83								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$104.83	\$0.00	\$31.80	\$59.51		\$149.53	\$1.83	\$25.01	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.86	\$104.83	\$0.00	\$31.80	\$33.22		\$38.83	\$1.83	13.35 (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	\$223.86	\$104.83	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.83	\$13.35	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1884</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.61	\$124.58	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.83	\$13.35	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
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	\$24.70	\$7.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.31	\$131.96	\$0.00	\$32.02	\$33.22	\$0.00	\$55.93	\$1.83	\$13.35	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.41									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WINDER CENTER FOR NURSING AND HEALING				<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: 00142854A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4442	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.15%	1.0%	Quarterly Medicaid PDPM:			1.5083	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.52	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5393	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,554,850	\$3,892,699	\$0	\$1,234,450	\$906,265	\$0	\$1,104,679		\$416,757	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$248,821)	\$0	\$0	\$0	\$0	\$0	(\$191,540)		(\$57,281)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$191,540		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,281
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,554,850	\$3,892,699	\$0	\$1,234,450	\$906,265	\$0	\$913,139	\$191,540	\$359,476	\$57,281
8	Total Nursing Facility Days As Filed Days = 38,207	FY22 Audited C/R Days	38,207									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,207	FY22 GL-PL Ins Rpt Days								38,207		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.73	\$101.88	\$0.00	\$32.31	\$23.72	(with L&H)	\$23.90	\$5.01	\$9.41	\$1.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4442</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.55	\$0.00	\$32.31	\$23.72		\$23.90	\$5.01	\$9.41	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.42	\$70.55	\$0.00	\$30.35	\$23.72		\$23.90	\$5.01	14.39 (FRV)	\$1.50
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	\$169.42	\$70.55	\$0.00	\$30.35	\$23.72	\$0.00	\$23.90	\$5.01	\$14.39	\$1.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5393</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.47	\$108.60	\$0.00	\$30.35	\$23.72	\$0.00	\$23.90	\$5.01	\$14.39	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	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	\$21.67	\$3.79	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$229.14	\$112.39	\$0.00	\$30.35	\$24.13	\$0.00	\$41.37	\$5.01	\$14.39	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.03									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: DADE 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: 00142865A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4201	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.00%	1.0%	Quarterly Medicaid PDPM:			1.3952	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.4216	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,372,873	\$1,826,745	\$0	\$335,591	\$382,241	\$0	\$529,796		\$298,500	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$51,406)	\$12,581	\$0	\$0	\$856	(\$5,555)	(\$47,939)		(\$11,349)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$89,575		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$11,412
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,422,454	\$1,839,326	\$0	\$335,591	\$383,097	(\$5,555)	\$481,857	\$89,575	\$287,151	\$11,412
8	Total Nursing Facility Days As Filed Days = 16,924	FY22 Audited C/R Days	16,924									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,924	FY22 GL-PL Ins Rpt Days								16,924		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.22	\$108.68	\$0.00	\$19.83	\$22.31	(with L&H)	\$28.47	\$5.29	\$16.97	\$0.67
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4201</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.53	\$0.00	\$19.83	\$22.31		\$28.47	\$5.29	\$16.97	\$0.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.17	\$76.53	\$0.00	\$19.83	\$22.31		\$28.47	\$5.29	11.07 (FRV)	\$0.67
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	\$164.17	\$76.53	\$0.00	\$19.83	\$22.31	\$0.00	\$28.47	\$5.29	\$11.07	\$0.67
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4216</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.44	\$108.80	\$0.00	\$19.83	\$22.31	\$0.00	\$28.47	\$5.29	\$11.07	\$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)	\$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 Srvcs)	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 Srvcs)	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	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$219.42	\$113.68	\$0.00	\$20.05	\$22.72	\$0.00	\$45.94	\$5.29	\$11.07	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.74									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SAVANNAH BEACH HEALTH AND REHAB Prvdr ID: 00142876A PDPM Per Diem Rate Effective Date: 4/1/2025 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24 Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.46% Nurse Hours per On-Site Day/Quality Incentive: 2.45 Facility Score N/A 2.5% 2.45 Add-on Percent 0.00% 2.5% 2.0% Case Mix Index (CMI) Data Base Period Overall PDPMCMI: 1.0556 Quarterly Medicaid PDPM: 1.2195 Qtrly Mcaid PDPM w RUG Wght Options: 1.2424 Facility Specific 1.0556 1.2195 1.2424 State-wide 1.4040 1.4519 1.4812												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$2,992,539	\$1,597,396	\$0	\$223,328	\$365,029	\$0	\$340,426		\$466,360	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$134,168)	\$0	\$0	\$0	\$0	\$0	(\$74,769)		(\$59,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$76,249		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$59,399
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$2,994,019	\$1,597,396	\$0	\$223,328	\$365,029	\$0	\$265,657	\$76,249	\$406,961	\$59,399
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	FY22 Audited C/R Days FY22 GL-PL Ins Rpt Days	14,496							14,496		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.55	\$110.20	\$0.00	\$15.41	\$25.18	(with L&H)	\$18.33	\$5.26	\$28.07	\$4.10
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.0556								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$104.40								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$104.40	\$0.00	\$15.41	\$25.18		\$18.33	\$5.26	\$28.07	\$4.10
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.65	\$104.40	\$0.00	\$15.41	\$25.18		\$18.33	\$5.26	12.97 (FRV)	\$4.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.65	\$104.40	\$0.00	\$15.41	\$25.18	\$0.00	\$18.33	\$5.26	\$12.97	\$4.10
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.2424								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.71								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.96	\$129.71	\$0.00	\$15.41	\$25.18	\$0.00	\$18.33	\$5.26	\$12.97	\$4.10
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 =	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								
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	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$235.42	\$136.07	\$0.00	\$15.63	\$25.59	\$0.00	\$35.80	\$5.26	\$12.97	\$4.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.74									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4109	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.53%	1.0%	Quarterly Medicaid PDPM:			1.2765	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.35	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3020	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,208,081	\$2,881,503	\$0	\$632,098	\$619,051	\$0	\$739,334		\$336,095	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$140,355)	\$6,280	\$0	\$0	\$0	\$46	(\$96,893)		(\$49,788)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$95,104		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,788
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,212,618	\$2,887,783	\$0	\$632,098	\$619,051	\$46	\$642,441	\$95,104	\$286,307	\$49,788
8	Total Nursing Facility Days As Filed Days = 18,784	FY22 Audited C/R Days	18,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,784	FY22 GL-PL Ins Rpt Days								18,784		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$277.50	\$153.74	\$0.00	\$33.65	\$32.96	(with L&H)	\$34.20	\$5.06	\$15.24	\$2.65
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4109								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$108.96	\$0.00	\$33.65	\$32.96		\$34.20	\$5.06	\$15.24	\$2.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.39	\$108.96	\$0.00	\$30.35	\$32.96		\$34.20	\$5.06	12.21 (FRV)	\$2.65
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	\$226.39	\$108.96	\$0.00	\$30.35	\$32.96	\$0.00	\$34.20	\$5.06	\$12.21	\$2.65
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.3020								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.30	\$141.87	\$0.00	\$30.35	\$32.96	\$0.00	\$34.20	\$5.06	\$12.21	\$2.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.09	\$0.53	\$0.00	\$0.00	\$0.19	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.09	\$7.09								
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	\$26.70	\$9.04	\$0.00	\$0.00	\$0.19	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$286.00	\$150.91	\$0.00	\$30.35	\$33.15	\$0.00	\$51.67	\$5.06	\$12.21	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SEMINOLE 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: 00142909A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2307	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		9.52%	0.0%	Quarterly Medicaid PDPM:			1.2602	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.91	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2848	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,319,598	\$2,437,853	\$0	\$830,410	\$542,594	\$458,335	\$614,000		\$436,406	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$42,548)	(\$238,713)	\$0	\$0	(\$10,006)	(\$8,452)	\$227,073		(\$12,450)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$11,640		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,220
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,300,910	\$2,199,140	\$0	\$830,410	\$532,588	\$449,883	\$841,073	\$11,640	\$423,956	\$12,220
8	Total Nursing Facility Days As Filed Days = 20,450	FY22 Audited C/R Days	20,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,450	FY22 GL-PL Ins Rpt Days								20,450		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.22	\$107.54	\$0.00	\$40.61	\$48.04	(with L&H)	\$41.13	\$0.57	\$20.73	\$0.60
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2307</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.38	\$0.00	\$40.61	\$48.04		\$41.13	\$0.57	\$20.73	\$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.53	\$87.38	\$0.00	\$36.63	\$33.22		\$38.83	\$0.57	11.30 (FRV)	\$0.60
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	\$208.53	\$87.38	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.57	\$11.30	\$0.60
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2848</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.42	\$112.27	\$0.00	\$36.63	\$33.22	\$0.00	\$38.83	\$0.57	\$11.30	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (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	\$21.00	\$3.90	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.42	\$116.17	\$0.00	\$36.63	\$33.22	\$0.00	\$55.93	\$0.57	\$11.30	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.99									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: VISTA PARK 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: 00142931A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3619	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.40%	1.0%	Quarterly Medicaid PDPM:			1.3729	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.68	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3996	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,216,695	\$4,548,269	\$0	\$994,305	\$849,367	\$0	\$1,677,669		\$1,147,085	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$287,534)	\$0	\$0	\$0	\$0	\$0	(\$225,318)		(\$62,216)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,040		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,216
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,122,417	\$4,548,269	\$0	\$994,305	\$849,367	\$0	\$1,452,351	\$131,040	\$1,084,869	\$62,216
8	Total Nursing Facility Days As Filed Days = 40,150	FY22 Audited C/R Days	40,150									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,150	FY22 GL-PL Ins Rpt Days								40,150		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.19	\$113.28	\$0.00	\$24.76	\$21.15	(with L&H)	\$36.17	\$3.26	\$27.02	\$1.55
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3619</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.18	\$0.00	\$24.76	\$21.15		\$36.17	\$3.26	\$27.02	\$1.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.70	\$83.18	\$0.00	\$24.76	\$21.15		\$36.17	\$3.26	23.63 (FRV)	\$1.55
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	\$193.70	\$83.18	\$0.00	\$24.76	\$21.15	\$0.00	\$36.17	\$3.26	\$23.63	\$1.55
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3996</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.94	\$116.42	\$0.00	\$24.76	\$21.15	\$0.00	\$36.17	\$3.26	\$23.63	\$1.55
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82								
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	\$25.61	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.55	\$123.93	\$0.00	\$24.98	\$21.56	\$0.00	\$53.64	\$3.26	\$23.63	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.59									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ROSS MEMORIAL HEALTH CARE CTR				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142942A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3052	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.67%	0.0%	Quarterly Medicaid PDPM:			1.5739	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.16	4.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6067	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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	<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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,534,570	\$3,911,905	\$0	\$758,373	\$822,040	\$0	\$758,536		\$283,716	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$139,787)	(\$1,024)	\$0	\$0	\$0	\$0	(\$54,047)		(\$84,716)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$68,630		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$84,716
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,548,129	\$3,910,881	\$0	\$758,373	\$822,040	\$0	\$704,489	\$68,630	\$199,000	\$84,716
8	Total Nursing Facility Days As Filed Days = 27,575	FY22 Audited C/R Days	27,575									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,575	FY22 GL-PL Ins Rpt Days								27,575		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$237.47	\$141.83	\$0.00	\$27.50	\$29.81	(with L&H)	\$25.55	\$2.49	\$7.22	\$3.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.3052								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$108.66								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$108.66	\$0.00	\$27.50	\$29.81		\$25.55	\$2.49	\$7.22	\$3.07
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.55	\$108.66	\$0.00	\$27.50	\$29.81		\$25.55	\$2.49	15.47 (FRV)	\$3.07
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	\$212.55	\$108.66	\$0.00	\$27.50	\$29.81	\$0.00	\$25.55	\$2.49	\$15.47	\$3.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.6067								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$174.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.47	\$174.58	\$0.00	\$27.50	\$29.81	\$0.00	\$25.55	\$2.49	\$15.47	\$3.07
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>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>4.0%</u> (to Routine Svcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$304.08	\$182.09	\$0.00	\$27.72	\$30.22	\$0.00	\$43.02	\$2.49	\$15.47	\$3.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.24									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SHEPHERD HILLS				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00142964A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.4850	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	22.99%	1.0%	Quarterly Medicaid PDPM:			1.4772	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.49	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5079	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,811,717	\$4,194,355	\$0	\$568,237	\$732,202	\$0	\$1,110,512		\$206,411	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$471,015)	(\$35,711)	\$0	\$0	\$0	(\$60)	(\$384,873)		(\$50,371)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$397,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,766
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,777,503	\$4,158,644	\$0	\$568,237	\$732,202	(\$60)	\$725,639	\$397,035	\$156,040	\$39,766
8	Total Nursing Facility Days As Filed Days = 36,975	FY22 Audited C/R Days	36,975									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,975	FY22 GL-PL Ins Rpt Days								36,975		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.31	\$112.47	\$0.00	\$15.37	\$19.80	(with L&H)	\$19.63	\$10.74	\$4.22	\$1.08
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4850</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.74	\$0.00	\$15.37	\$19.80		\$19.63	\$10.74	\$4.22	\$1.08
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.31	\$75.74	\$0.00	\$15.37	\$19.80		\$19.63	\$10.74	8.95 (FRV)	\$1.08
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	\$151.31	\$75.74	\$0.00	\$15.37	\$19.80	\$0.00	\$19.63	\$10.74	\$8.95	\$1.08
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5079</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.78	\$114.21	\$0.00	\$15.37	\$19.80	\$0.00	\$19.63	\$10.74	\$8.95	\$1.08
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.48	\$7.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$215.26	\$121.59	\$0.00	\$15.59	\$20.21	\$0.00	\$37.10	\$10.74	\$8.95	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.62									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GOLD CITY 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: 00142975A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4375	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.47%	1.0%	Quarterly Medicaid PDPM:			1.5719	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.69	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6032	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,676,519	\$2,857,143	\$0	\$388,704	\$438,442	\$0	\$831,343		\$160,887	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$131,387)	(\$17,091)	\$0	(\$2,570)	(\$2,356)	(\$570)	(\$73,963)		(\$34,837)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$34,837
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,579,969	\$2,840,052	\$0	\$386,134	\$436,086	(\$570)	\$757,380	\$0	\$126,050	\$34,837
8	Total Nursing Facility Days As Filed Days = 28,661	FY22 Audited C/R Days	28,661									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,661	FY22 GL-PL Ins Rpt Days								28,661		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.81	\$99.09	\$0.00	\$13.47	\$15.20	(with L&H)	\$26.43	\$0.00	\$4.40	\$1.22
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4375								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$68.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.93	\$0.00	\$13.47	\$15.20		\$26.43	\$0.00	\$4.40	\$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.81	\$68.93	\$0.00	\$13.47	\$15.20		\$26.43	\$0.00	10.56 (FRV)	\$1.22
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	\$135.81	\$68.93	\$0.00	\$13.47	\$15.20	\$0.00	\$26.43	\$0.00	\$10.56	\$1.22
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.6032								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.39	\$110.51	\$0.00	\$13.47	\$15.20	\$0.00	\$26.43	\$0.00	\$10.56	\$1.22
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.06	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$200.45	\$115.47	\$0.00	\$13.69	\$15.61	\$0.00	\$43.90	\$0.00	\$10.56	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.51									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MARIETTA CENTER FOR NURSING AND HEALING				<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: 00142986A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4318	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.03%	2.5%	Quarterly Medicaid PDPM:			1.6553	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.79	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6891	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$14,926,212	\$8,142,166	\$0	\$783,566	\$836,409	\$0	\$2,732,481		\$2,431,590	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$409,388)	(\$27,132)	\$0	\$0	\$0	\$0	(\$260,063)		(\$122,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$286,724		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$122,193
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$14,925,741	\$8,115,034	\$0	\$783,566	\$836,409	\$0	\$2,472,418	\$286,724	\$2,309,397	\$122,193
8	Total Nursing Facility Days As Filed Days = 42,039	FY22 Audited C/R Days	42,039									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,039	FY22 GL-PL Ins Rpt Days								42,039		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$355.05	\$193.04	\$0.00	\$18.64	\$19.90	(with L&H)	\$58.81	\$6.82	\$54.93	\$2.91
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4318</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$134.82	\$0.00	\$18.64	\$19.90		\$58.81	\$6.82	\$54.93	\$2.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.26	\$117.25	\$0.00	\$18.64	\$19.90		\$38.83	\$6.82	16.91 (FRV)	\$2.91
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	\$221.26	\$117.25	\$0.00	\$18.64	\$19.90	\$0.00	\$38.83	\$6.82	\$16.91	\$2.91
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6891</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$198.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$302.06	\$198.05	\$0.00	\$18.64	\$19.90	\$0.00	\$38.83	\$6.82	\$16.91	\$2.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.95	\$4.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	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	\$26.64	\$8.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$328.70	\$206.96	\$0.00	\$18.86	\$20.31	\$0.00	\$55.93	\$6.82	\$16.91	\$2.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$233.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4241	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.18%	0.0%	Quarterly Medicaid PDPM:			1.3878	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.73	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4158	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,221,577	\$2,840,720	\$0	\$435,028	\$560,204	\$0	\$1,051,275		\$334,350	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$364,264)	(\$39,905)	\$0	\$0	\$0	\$0	(\$260,409)		(\$63,950)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$290,833		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,772
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,211,918	\$2,800,815	\$0	\$435,028	\$560,204	\$0	\$790,866	\$290,833	\$270,400	\$63,772
8	Total Nursing Facility Days As Filed Days = 19,655	FY22 Audited C/R Days	19,655									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,655	FY22 GL-PL Ins Rpt Days								19,655		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$265.17	\$142.50	\$0.00	\$22.13	\$28.50	(with L&H)	\$40.24	\$14.80	\$13.76	\$3.24
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4241</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.06	\$0.00	\$22.13	\$28.50		\$40.24	\$14.80	\$13.76	\$3.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.00	\$100.06	\$0.00	\$22.13	\$28.50		\$38.83	\$14.80	15.44 (FRV)	\$3.24
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	\$223.00	\$100.06	\$0.00	\$22.13	\$28.50	\$0.00	\$38.83	\$14.80	\$15.44	\$3.24
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4158</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.60	\$141.66	\$0.00	\$22.13	\$28.50	\$0.00	\$38.83	\$14.80	\$15.44	\$3.24
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.08	\$7.08								
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	\$25.34	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.94	\$149.27	\$0.00	\$22.35	\$28.91	\$0.00	\$55.93	\$14.80	\$15.44	\$3.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.63									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.1984	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid PDPM:			1.2528	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.31	0.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2782	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$1,996,026	\$983,526	\$0	\$236,486	\$192,727	\$0	\$560,829		\$22,458	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$120,684)	\$0	\$0	\$0	\$0	(\$7,653)	(\$95,451)		(\$17,580)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$75,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,580
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$1,968,063	\$983,526	\$0	\$236,486	\$192,727	(\$7,653)	\$465,378	\$75,141	\$4,878	\$17,580
8	Total Nursing Facility Days As Filed Days = 12,394	FY22 Audited C/R Days	12,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,394	FY22 GL-PL Ins Rpt Days								12,394		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.79	\$79.36	\$0.00	\$19.08	\$14.93	(with L&H)	\$37.55	\$6.06	\$0.39	\$1.42
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1984</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.22	\$0.00	\$19.08	\$14.93		\$37.55	\$6.06	\$0.39	\$1.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.91	\$66.22	\$0.00	\$19.08	\$14.93		\$37.55	\$6.06	12.65 (FRV)	\$1.42
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	\$157.91	\$66.22	\$0.00	\$19.08	\$14.93	\$0.00	\$37.55	\$6.06	\$12.65	\$1.42
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2782</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$84.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.33	\$84.64	\$0.00	\$19.08	\$14.93	\$0.00	\$37.55	\$6.06	\$12.65	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	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	\$19.48	\$1.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$195.81	\$86.02	\$0.00	\$19.30	\$15.34	\$0.00	\$55.02	\$6.06	\$12.65	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.03									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4849	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.43%	1.0%	Quarterly Medicaid PDPM:			1.5110	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.12	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5417	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,849,031	\$2,661,242	\$0	\$405,730	\$373,355	\$0	\$824,207		\$584,497	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$33,095)	(\$210,009)	\$0	\$0	\$3,732	\$3,621	\$200,417		(\$30,856)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$9,592		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,464
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,856,992	\$2,451,233	\$0	\$405,730	\$377,087	\$3,621	\$1,024,624	\$9,592	\$553,641	\$31,464
8	Total Nursing Facility Days As Filed Days = 19,303	FY22 Audited C/R Days	19,303									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,303	FY22 GL-PL Ins Rpt Days								19,303		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.62	\$126.99	\$0.00	\$21.02	\$19.72	(with L&H)	\$53.08	\$0.50	\$28.68	\$1.63
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4849</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.52	\$0.00	\$21.02	\$19.72		\$53.08	\$0.50	\$28.68	\$1.63
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.30	\$85.52	\$0.00	\$21.02	\$19.72		\$38.83	\$0.50	12.08 (FRV)	\$1.63
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	\$179.30	\$85.52	\$0.00	\$21.02	\$19.72	\$0.00	\$38.83	\$0.50	\$12.08	\$1.63
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5417</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.63	\$131.85	\$0.00	\$21.02	\$19.72	\$0.00	\$38.83	\$0.50	\$12.08	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.17	\$137.66	\$0.00	\$21.24	\$20.13	\$0.00	\$55.93	\$0.50	\$12.08	\$1.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.05									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - GRIFFIN				<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: 00143052A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5041	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.19%	2.5%	Quarterly Medicaid PDPM:			1.5343	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.56	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5645	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,386,979	\$2,294,609	\$0	\$349,383	\$456,623	\$0	\$1,005,829		\$280,535	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$275,314)	(\$52,938)	\$0	\$0	\$0	\$0	(\$195,994)		(\$26,382)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$244,724		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,837
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,381,226	\$2,241,671	\$0	\$349,383	\$456,623	\$0	\$809,835	\$244,724	\$254,153	\$24,837
8	Total Nursing Facility Days As Filed Days = 16,177	FY22 Audited C/R Days	16,177									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,177	FY22 GL-PL Ins Rpt Days								16,177		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$270.84	\$138.57	\$0.00	\$21.60	\$28.23	(with L&H)	\$50.06	\$15.13	\$15.71	\$1.54
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5041</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.13	\$0.00	\$21.60	\$28.23		\$50.06	\$15.13	\$15.71	\$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.28	\$92.13	\$0.00	\$21.60	\$28.23		\$38.83	\$15.13	10.82 (FRV)	\$1.54
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	\$208.28	\$92.13	\$0.00	\$21.60	\$28.23	\$0.00	\$38.83	\$15.13	\$10.82	\$1.54
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5645</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$144.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.29	\$144.14	\$0.00	\$21.60	\$28.23	\$0.00	\$38.83	\$15.13	\$10.82	\$1.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.60	\$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$289.36	\$155.48	\$0.00	\$21.82	\$28.64	\$0.00	\$55.93	\$15.13	\$10.82	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.20									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SPARTA 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: 00143063A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2231	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.00%	2.5%	Quarterly Medicaid PDPM:			1.2157	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.30	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2397	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,934,383	\$1,884,097	\$0	\$422,637	\$443,735	\$0	\$770,482		\$413,432	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$94,731)	\$38,052	\$0	(\$38,052)	\$0	\$0	(\$71,933)		(\$22,798)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,180		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,798
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,925,630	\$1,922,149	\$0	\$384,585	\$443,735	\$0	\$698,549	\$63,180	\$390,634	\$22,798
8	Total Nursing Facility Days As Filed Days = 16,789	FY22 Audited C/R Days	16,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,789	FY22 GL-PL Ins Rpt Days								16,789		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.83	\$114.49	\$0.00	\$22.91	\$26.43	(with L&H)	\$41.61	\$3.76	\$23.27	\$1.36
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2231</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.61	\$0.00	\$22.91	\$26.43		\$41.61	\$3.76	\$23.27	\$1.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.55	\$93.61	\$0.00	\$22.91	\$26.43		\$38.83	\$3.76	11.65 (FRV)	\$1.36
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	\$198.55	\$93.61	\$0.00	\$22.91	\$26.43	\$0.00	\$38.83	\$3.76	\$11.65	\$1.36
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2397</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$116.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.99	\$116.05	\$0.00	\$22.91	\$26.43	\$0.00	\$38.83	\$3.76	\$11.65	\$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)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.80	\$5.80								
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	\$26.96	\$9.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.95	\$125.28	\$0.00	\$23.13	\$26.84	\$0.00	\$55.93	\$3.76	\$11.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.14									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FULTON CENTER FOR REHABILITATION 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: 00143074A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4098	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.67%	0.0%	Quarterly Medicaid PDPM:			1.5777	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.17	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6109	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,038,405	\$4,054,351	\$0	\$622,979	\$802,427	\$0	\$1,352,728		\$1,205,920	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$314,152)	(\$67,338)	\$0	\$0	(\$3,089)	(\$5,835)	(\$158,841)		(\$79,049)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$178,020		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,170
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,980,443	\$3,987,013	\$0	\$622,979	\$799,338	(\$5,835)	\$1,193,887	\$178,020	\$1,126,871	\$78,170
8	Total Nursing Facility Days As Filed Days = 35,695	FY22 Audited C/R Days	35,695									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,695	FY22 GL-PL Ins Rpt Days								35,695		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.58	\$111.70	\$0.00	\$17.45	\$22.23	(with L&H)	\$33.45	\$4.99	\$31.57	\$2.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4098</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.23	\$0.00	\$17.45	\$22.23		\$33.45	\$4.99	\$31.57	\$2.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.45	\$79.23	\$0.00	\$17.45	\$22.23		\$33.45	\$4.99	9.91 (FRV)	\$2.19
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	\$169.45	\$79.23	\$0.00	\$17.45	\$22.23	\$0.00	\$33.45	\$4.99	\$9.91	\$2.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6109</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.85	\$127.63	\$0.00	\$17.45	\$22.23	\$0.00	\$33.45	\$4.99	\$9.91	\$2.19
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>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.01	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.86	\$134.54	\$0.00	\$17.67	\$22.64	\$0.00	\$50.92	\$4.99	\$9.91	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.32									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CARTERSVILLE CENTER FOR NURSING AND HEALING				<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: 00143085A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3994	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.79%	0.0%	Quarterly Medicaid PDPM:			1.4411	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.53	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4712	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,657,798	\$4,955,480	\$0	\$700,505	\$657,929	\$0	\$1,211,181		\$1,132,703	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,313,403)	(\$39,172)	\$0	(\$318)	(\$1,008)	\$2,199	(\$204,987)		(\$1,070,117)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$167,053		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,360
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,578,808	\$4,916,308	\$0	\$700,187	\$656,921	\$2,199	\$1,006,194	\$167,053	\$62,586	\$67,360
8	Total Nursing Facility Days As Filed Days = 38,558	FY22 Audited C/R Days	36,415									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,558	FY22 GL-PL Ins Rpt Days								36,415		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.13	\$135.01	\$0.00	\$19.23	\$18.10	(with L&H)	\$27.63	\$4.59	\$1.72	\$1.85
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3994</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.48	\$0.00	\$19.23	\$18.10		\$27.63	\$4.59	\$1.72	\$1.85
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.56	\$96.48	\$0.00	\$19.23	\$18.10		\$27.63	\$4.59	16.68 (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	\$184.56	\$96.48	\$0.00	\$19.23	\$18.10	\$0.00	\$27.63	\$4.59	\$16.68	\$1.85
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4712</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.02	\$141.94	\$0.00	\$19.23	\$18.10	\$0.00	\$27.63	\$4.59	\$16.68	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.10	\$7.10								
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	\$25.73	\$7.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.75	\$149.57	\$0.00	\$19.45	\$18.51	\$0.00	\$45.10	\$4.59	\$16.68	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.99									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SPRING VALLEY				<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: 00143096A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2702	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.59%	2.5%	Quarterly Medicaid PDPM:			1.5837	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.17	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6161	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,294,580	\$2,208,269	\$0	\$322,959	\$444,464	\$0	\$908,882		\$410,006	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$236,632)	(\$47,939)	\$0	\$0	\$7,315	\$4,383	(\$192,198)		(\$8,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,698		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,793
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,287,439	\$2,160,330	\$0	\$322,959	\$451,779	\$4,383	\$716,684	\$212,698	\$401,813	\$16,793
8	Total Nursing Facility Days As Filed Days = 17,530	FY22 Audited C/R Days	17,523									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,530	FY22 GL-PL Ins Rpt Days								17,523		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.68	\$123.29	\$0.00	\$18.43	\$26.03	(with L&H)	\$40.90	\$12.14	\$22.93	\$0.96
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2702</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$97.06								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.06	\$0.00	\$18.43	\$26.03		\$40.90	\$12.14	\$22.93	\$0.96
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.95	\$97.06	\$0.00	\$18.43	\$26.03		\$38.83	\$12.14	11.50 (FRV)	\$0.96
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	\$204.95	\$97.06	\$0.00	\$18.43	\$26.03	\$0.00	\$38.83	\$12.14	\$11.50	\$0.96
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6161</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.75	\$156.86	\$0.00	\$18.43	\$26.03	\$0.00	\$38.83	\$12.14	\$11.50	\$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)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.92	\$3.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.84	\$7.84								
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	\$30.02	\$12.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.77	\$169.15	\$0.00	\$18.65	\$26.44	\$0.00	\$55.93	\$12.14	\$11.50	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.25									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WINTHROP 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: 00143118A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3223	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		17.19%	0.0%	Quarterly Medicaid PDPM:			1.1939	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.72	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2177	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,860,349	\$3,040,572	\$0	\$609,027	\$715,290	\$0	\$1,340,793		\$154,667	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$79,200)	\$0	\$0	\$0	(\$964)	(\$909)	(\$63,012)		(\$14,315)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,279
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,873,428	\$3,040,572	\$0	\$609,027	\$714,326	(\$909)	\$1,277,781	\$78,000	\$140,352	\$14,279
8	Total Nursing Facility Days As Filed Days = 23,183	FY22 Audited C/R Days	23,183									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,183	FY22 GL-PL Ins Rpt Days								23,183		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.35	\$131.16	\$0.00	\$26.27	\$30.77	(with L&H)	\$55.12	\$3.36	\$6.05	\$0.62
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3223</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.19								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.19	\$0.00	\$26.27	\$30.77		\$55.12	\$3.36	\$6.05	\$0.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.66	\$99.19	\$0.00	\$26.27	\$30.77		\$38.83	\$3.36	20.62 (FRV)	\$0.62
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	\$219.66	\$99.19	\$0.00	\$26.27	\$30.77	\$0.00	\$38.83	\$3.36	\$20.62	\$0.62
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2177</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.25	\$120.78	\$0.00	\$26.27	\$30.77	\$0.00	\$38.83	\$3.36	\$20.62	\$0.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.83	\$4.83								
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	\$23.09	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.34	\$126.14	\$0.00	\$26.49	\$31.18	\$0.00	\$55.93	\$3.36	\$20.62	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SENIOR CARE CENTER - ST MARYS				<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: 00143129A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3292	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.60%	0.0%	Quarterly Medicaid PDPM:			1.3374	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.87	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3642	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,288,241	\$2,908,637	\$0	\$807,404	\$892,193	\$0	\$1,413,831		\$266,176	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$154,723)	\$337,406	\$0	\$0	\$0	\$0	(\$479,234)		(\$12,895)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$141,828		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,895
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,288,241	\$3,246,043	\$0	\$807,404	\$892,193	\$0	\$934,597	\$141,828	\$253,281	\$12,895
8	Total Nursing Facility Days As Filed Days = 18,099	FY22 Audited C/R Days	18,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,099	FY22 GL-PL Ins Rpt Days								18,099		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$347.44	\$179.35	\$0.00	\$44.61	\$49.30	(with L&H)	\$51.64	\$7.84	\$13.99	\$0.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3292</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$134.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$134.93	\$0.00	\$44.61	\$49.30		\$51.64	\$7.84	\$13.99	\$0.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.07	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$7.84	12.87 (FRV)	\$0.71
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	\$241.07	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$7.84	\$12.87	\$0.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3642</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$159.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.77	\$159.95	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$7.84	\$12.87	\$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 = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$20.30	\$3.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$304.07	\$163.15	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$7.84	\$12.87	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$215.23									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EAGLE HEALTH & REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143151A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3118	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	31.43%	2.5%	Quarterly Medicaid PDPM:			1.2811	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.92	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3060	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,266,294	\$2,125,018	\$0	\$535,783	\$484,584	\$0	\$845,551		\$275,358	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$145,801)	\$0	\$0	\$0	(\$349)	(\$615)	(\$108,773)		(\$36,064)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$99,863		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,992
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,256,348	\$2,125,018	\$0	\$535,783	\$484,235	(\$615)	\$736,778	\$99,863	\$239,294	\$35,992
8	Total Nursing Facility Days As Filed Days = 14,320	FY22 Audited C/R Days	14,320									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,320	FY22 GL-PL Ins Rpt Days								14,320		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$297.23	\$148.40	\$0.00	\$37.42	\$33.77	(with L&H)	\$51.45	\$6.97	\$16.71	\$2.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3118</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$113.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$113.13	\$0.00	\$37.42	\$33.77		\$51.45	\$6.97	\$16.71	\$2.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.37	\$113.13	\$0.00	\$30.35	\$33.22		\$38.83	\$6.97	12.36 (FRV)	\$2.51
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	\$237.37	\$113.13	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.97	\$12.36	\$2.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3060</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.99	\$147.75	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$6.97	\$12.36	\$2.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.39	\$7.39								
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	\$28.71	\$11.61	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$300.70	\$159.36	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$6.97	\$12.36	\$2.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.70									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ARROWHEAD 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: 00143162A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6064	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.28%	5.5%	Quarterly Medicaid PDPM:			1.6983	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.95	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7334	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,373,260	\$3,040,251	\$0	\$491,561	\$699,392	\$0	\$1,836,000		\$1,306,056	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$151,415)	(\$42,274)	\$0	(\$844)	\$0	\$28,711	(\$58,990)		(\$78,018)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$15,844		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$78,018
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,315,707	\$2,997,977	\$0	\$490,717	\$699,392	\$28,711	\$1,777,010	\$15,844	\$1,228,038	\$78,018
8	Total Nursing Facility Days As Filed Days = 28,736	FY22 Audited C/R Days	28,736									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,736	FY22 GL-PL Ins Rpt Days								28,736		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$254.59	\$104.33	\$0.00	\$17.08	\$25.34	(with L&H)	\$61.84	\$0.55	\$42.74	\$2.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.6064								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$64.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.95	\$0.00	\$17.08	\$25.34		\$61.84	\$0.55	\$42.74	\$2.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.48	\$64.95	\$0.00	\$17.08	\$25.34		\$38.83	\$0.55	12.02 (FRV)	\$2.71
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	\$161.48	\$64.95	\$0.00	\$17.08	\$25.34	\$0.00	\$38.83	\$0.55	\$12.02	\$2.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.7334								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.11	\$112.58	\$0.00	\$17.08	\$25.34	\$0.00	\$38.83	\$0.55	\$12.02	\$2.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
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	\$27.83	\$10.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$236.94	\$122.68	\$0.00	\$17.30	\$25.75	\$0.00	\$55.93	\$0.55	\$12.02	\$2.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.88									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SUNRISE				<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: 00143173A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5581	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.69%	2.5%	Quarterly Medicaid PDPM:			1.4306	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.50	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4596	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,628,668	\$1,966,385	\$0	\$303,150	\$361,931	\$0	\$853,582		\$143,620	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$294,805)	(\$41,012)	\$0	\$3,483	\$18	(\$822)	(\$208,752)		(\$47,720)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,697		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,120
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,574,680	\$1,925,373	\$0	\$306,633	\$361,949	(\$822)	\$644,830	\$212,697	\$95,900	\$28,120
8	Total Nursing Facility Days As Filed Days = 14,245	FY22 Audited C/R Days	14,245									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,245	FY22 GL-PL Ins Rpt Days								14,245		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.94	\$135.16	\$0.00	\$21.53	\$25.35	(with L&H)	\$45.27	\$14.93	\$6.73	\$1.97
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5581</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.75								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.75	\$0.00	\$21.53	\$25.35		\$45.27	\$14.93	\$6.73	\$1.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.68	\$86.75	\$0.00	\$21.53	\$25.35		\$38.83	\$14.93	13.32 (FRV)	\$1.97
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	\$202.68	\$86.75	\$0.00	\$21.53	\$25.35	\$0.00	\$38.83	\$14.93	\$13.32	\$1.97
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4596</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.55	\$126.62	\$0.00	\$21.53	\$25.35	\$0.00	\$38.83	\$14.93	\$13.32	\$1.97
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.33	\$6.33								
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	\$27.76	\$10.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.31	\$136.65	\$0.00	\$21.75	\$25.76	\$0.00	\$55.93	\$14.93	\$13.32	\$1.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.91									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MOUNTAIN VIEW HEALTH CARE				<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: 00143184A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3601	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	25.93%	1.0%	Quarterly Medicaid PDPM:			1.6833	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.18	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.7172	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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's Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,502,517	\$2,354,141	\$0	\$561,697	\$493,836	\$0	\$797,723		\$295,120	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$92,972)	\$0	\$0	\$0	\$0	\$0	(\$60,378)		(\$32,594)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,594
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,442,139	\$2,354,141	\$0	\$561,697	\$493,836	\$0	\$737,345	\$0	\$262,526	\$32,594
8	Total Nursing Facility Days As Filed Days = 22,579	FY22 Audited C/R Days	22,579									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,579	FY22 GL-PL Ins Rpt Days								22,579		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc's	Ln 7 / Ln 8 Col a	\$196.74	\$104.26	\$0.00	\$24.88	\$21.87	(with L&H)	\$32.66	\$0.00	\$11.63	\$1.44
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.3601								
11	Routine Srvc's PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.66								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc's	RS = Ln 11, AllOthr = Ln 9		\$76.66	\$0.00	\$24.88	\$21.87		\$32.66	\$0.00	\$11.63	\$1.44
13	Per Diem Standards (After Statewide PDPM for Routine Srvc's)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.57	\$76.66	\$0.00	\$24.88	\$21.87		\$32.66	\$0.00	9.06 (FRV)	\$1.44
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	\$166.57	\$76.66	\$0.00	\$24.88	\$21.87	\$0.00	\$32.66	\$0.00	\$9.06	\$1.44
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.7172								
18	Qtrtrly Routine Srvc's PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.55	\$131.64	\$0.00	\$24.88	\$21.87	\$0.00	\$32.66	\$0.00	\$9.06	\$1.44
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's)	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's)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.45	\$137.44	\$0.00	\$25.10	\$22.28	\$0.00	\$50.13	\$0.00	\$9.06	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.26									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3377	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.54%	1.0%	Quarterly Medicaid PDPM:			1.4211	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.31	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4503	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,802,718	\$2,542,071	\$0	\$433,494	\$557,610	\$0	\$1,020,366		\$249,177	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$417,739)	(\$8,545)	\$0	\$0	\$1,377	\$1,668	(\$372,115)		(\$40,124)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$365,129		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,629
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,785,737	\$2,533,526	\$0	\$433,494	\$558,987	\$1,668	\$648,251	\$365,129	\$209,053	\$35,629
8	Total Nursing Facility Days As Filed Days = 20,383	FY22 Audited C/R Days	20,383									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,383	FY22 GL-PL Ins Rpt Days								20,383		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.80	\$124.30	\$0.00	\$21.27	\$27.51	(with L&H)	\$31.80	\$17.91	\$10.26	\$1.75
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3377</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.92	\$0.00	\$21.27	\$27.51		\$31.80	\$17.91	\$10.26	\$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.50	\$92.92	\$0.00	\$21.27	\$27.51		\$31.80	\$17.91	12.34 (FRV)	\$1.75
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	\$205.50	\$92.92	\$0.00	\$21.27	\$27.51	\$0.00	\$31.80	\$17.91	\$12.34	\$1.75
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4503</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.76								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.34	\$134.76	\$0.00	\$21.27	\$27.51	\$0.00	\$31.80	\$17.91	\$12.34	\$1.75
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.74	\$6.74								
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	\$26.72	\$8.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$274.06	\$143.38	\$0.00	\$21.49	\$27.92	\$0.00	\$49.27	\$17.91	\$12.34	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.72									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SYLVESTER				<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: 00143206A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2326	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.84%	1.0%	Quarterly Medicaid PDPM:			1.3307	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.50	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3567	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,901,121	\$3,702,402	\$0	\$606,927	\$836,133	\$0	\$1,320,404		\$435,255	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$448,114)	(\$15,281)	\$0	\$0	\$1,202	\$984	(\$428,900)		(\$6,119)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$415,342		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,868,349	\$3,687,121	\$0	\$606,927	\$837,335	\$984	\$891,504	\$415,342	\$429,136	\$0
8	Total Nursing Facility Days As Filed Days = 29,760	FY22 Audited C/R Days	29,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,760	FY22 GL-PL Ins Rpt Days								29,760		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$230.80	\$123.90	\$0.00	\$20.39	\$28.17	(with L&H)	\$29.96	\$13.96	\$14.42	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2326</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.52	\$0.00	\$20.39	\$28.17		\$29.96	\$13.96	\$14.42	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.02	\$100.52	\$0.00	\$20.39	\$28.17		\$29.96	\$13.96	12.02 (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	\$205.02	\$100.52	\$0.00	\$20.39	\$28.17	\$0.00	\$29.96	\$13.96	\$12.02	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3567</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.88	\$136.38	\$0.00	\$20.39	\$28.17	\$0.00	\$29.96	\$13.96	\$12.02	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.82	\$6.82								
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	\$26.81	\$8.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$267.69	\$145.09	\$0.00	\$20.61	\$28.58	\$0.00	\$47.43	\$13.96	\$12.02	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.94									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2589	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		38.98%	2.5%	Quarterly Medicaid PDPM:			1.3625	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.53	2.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.3907	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,518,688	\$2,387,056	\$0	\$451,267	\$470,197	\$0	\$661,660		\$548,508	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$90,578)	(\$4,360)	\$0	\$0	\$0	\$0	(\$61,161)		(\$25,057)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,161		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,057
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,514,328	\$2,382,696	\$0	\$451,267	\$470,197	\$0	\$600,499	\$61,161	\$523,451	\$25,057
8	Total Nursing Facility Days As Filed Days = 26,447	FY22 Audited C/R Days	26,447									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,447	FY22 GL-PL Ins Rpt Days								26,447		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$170.69	\$90.09	\$0.00	\$17.06	\$17.78	(with L&H)	\$22.71	\$2.31	\$19.79	\$0.95
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.2589								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.57								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$71.57	\$0.00	\$17.06	\$17.78		\$22.71	\$2.31	\$19.79	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.67	\$71.57	\$0.00	\$17.06	\$17.78		\$22.71	\$2.31	9.29 (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	\$141.67	\$71.57	\$0.00	\$17.06	\$17.78	\$0.00	\$22.71	\$2.31	\$9.29	\$0.95
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.3907								
18	Qtrtly Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$99.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.63	\$99.53	\$0.00	\$17.06	\$17.78	\$0.00	\$22.71	\$2.31	\$9.29	\$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)	\$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	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
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	\$23.11	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$192.74	\$104.54	\$0.00	\$17.28	\$18.19	\$0.00	\$40.18	\$2.31	\$9.29	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.73									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THOMSON 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: 00143261A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2865	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.66%	2.5%	Quarterly Medicaid PDPM:			1.2818	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.13	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3073	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,592,482	\$3,589,149	\$0	\$686,256	\$652,526	\$0	\$998,129		\$666,422	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$207,386)	\$0	\$0	\$0	(\$919)	(\$633)	(\$143,263)		(\$62,571)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$143,976		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,422
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,591,494	\$3,589,149	\$0	\$686,256	\$651,607	(\$633)	\$854,866	\$143,976	\$603,851	\$62,422
8	Total Nursing Facility Days As Filed Days = 30,739	FY22 Audited C/R Days	30,739									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,739	FY22 GL-PL Ins Rpt Days								30,739		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.43	\$116.76	\$0.00	\$22.33	\$21.18	(with L&H)	\$27.81	\$4.68	\$19.64	\$2.03
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2865</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.76	\$0.00	\$22.33	\$21.18		\$27.81	\$4.68	\$19.64	\$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.33	\$90.76	\$0.00	\$22.33	\$21.18		\$27.81	\$4.68	10.54 (FRV)	\$2.03
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	\$179.33	\$90.76	\$0.00	\$22.33	\$21.18	\$0.00	\$27.81	\$4.68	\$10.54	\$2.03
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3073</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.22	\$118.65	\$0.00	\$22.33	\$21.18	\$0.00	\$27.81	\$4.68	\$10.54	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.16	\$7.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$232.38	\$125.71	\$0.00	\$22.55	\$21.59	\$0.00	\$45.28	\$4.68	\$10.54	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.46									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: REHABILITATION CENTER OF SOUTH GEORGIA				<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: 00143283A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4126	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		51.82%	5.5%	Quarterly Medicaid PDPM:			1.4106	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.04	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4386	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,288,239	\$5,219,869	\$0	\$936,462	\$1,244,527	\$0	\$1,254,722		\$632,659	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$231,625)	\$0	\$0	\$0	\$0	\$81	(\$156,057)		(\$75,649)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$152,642		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,649
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,284,905	\$5,219,869	\$0	\$936,462	\$1,244,527	\$81	\$1,098,665	\$152,642	\$557,010	\$75,649
8	Total Nursing Facility Days As Filed Days = 42,098	FY22 Audited C/R Days	42,098									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,098	FY22 GL-PL Ins Rpt Days								42,098		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.55	\$123.99	\$0.00	\$22.24	\$29.56	(with L&H)	\$26.10	\$3.63	\$13.23	\$1.80
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4126</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.78								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.78	\$0.00	\$22.24	\$29.56		\$26.10	\$3.63	\$13.23	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.97	\$87.78	\$0.00	\$22.24	\$29.56		\$26.10	\$3.63	10.86 (FRV)	\$1.80
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	\$181.97	\$87.78	\$0.00	\$22.24	\$29.56	\$0.00	\$26.10	\$3.63	\$10.86	\$1.80
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4386</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.47	\$126.28	\$0.00	\$22.24	\$29.56	\$0.00	\$26.10	\$3.63	\$10.86	\$1.80
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.95	\$6.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$31.89	\$13.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$252.36	\$140.07	\$0.00	\$22.46	\$29.97	\$0.00	\$43.57	\$3.63	\$10.86	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.45									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW TIFTON Prvdr ID: 00143294A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 15.4% Nurse Hours per On-Site Day/Quality Incentive: 3.11		Facility Score Add-on Percent	0.00% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Quarterly Medicaid PDPM: Qtrly Mcaid PDPM w RUG Wght Options:			Facility Specific 1.5141 1.8234 1.8609	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOCCOA				<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: 00143305A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3607	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.68%	2.5%	Quarterly Medicaid PDPM:			1.5343	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.39	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5654	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,642,874	\$4,873,591	\$0	\$773,704	\$755,357	\$0	\$1,892,919		\$347,303	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$704,579)	(\$75,689)	\$0	\$0	\$0	\$413	(\$589,601)		(\$39,702)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$641,636		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,746
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,618,677	\$4,797,902	\$0	\$773,704	\$755,357	\$413	\$1,303,318	\$641,636	\$307,601	\$38,746
8	Total Nursing Facility Days As Filed Days = 37,890	FY22 Audited C/R Days	37,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,890	FY22 GL-PL Ins Rpt Days								37,890		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.47	\$126.63	\$0.00	\$20.42	\$19.95	(with L&H)	\$34.40	\$16.93	\$8.12	\$1.02
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3607</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.06	\$0.00	\$20.42	\$19.95		\$34.40	\$16.93	\$8.12	\$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.63	\$93.06	\$0.00	\$20.42	\$19.95		\$34.40	\$16.93	7.85 (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	\$193.63	\$93.06	\$0.00	\$20.42	\$19.95	\$0.00	\$34.40	\$16.93	\$7.85	\$1.02
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5654</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$145.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.25	\$145.68	\$0.00	\$20.42	\$19.95	\$0.00	\$34.40	\$16.93	\$7.85	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.64	\$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.28	\$7.28								
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	\$29.55	\$11.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$275.80	\$157.13	\$0.00	\$20.64	\$20.36	\$0.00	\$51.87	\$16.93	\$7.85	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.03									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: OXLEY PARK 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: 00143316A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3548	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		14.67%	0.0%	Quarterly Medicaid PDPM:			1.2664	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.31	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2916	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,253,979	\$3,155,498	\$0	\$731,859	\$673,687	\$0	\$1,067,440		\$625,495	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$138,658)	\$0	\$0	\$0	\$0	\$0	(\$94,830)		(\$43,828)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$43,828
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,240,269	\$3,155,498	\$0	\$731,859	\$673,687	\$0	\$972,610	\$81,120	\$581,667	\$43,828
8	Total Nursing Facility Days As Filed Days = 25,585	FY22 Audited C/R Days	25,585									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,585	FY22 GL-PL Ins Rpt Days								25,585		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.89	\$123.33	\$0.00	\$28.61	\$26.33	(with L&H)	\$38.01	\$3.17	\$22.73	\$1.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3548</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$28.61	\$26.33		\$38.01	\$3.17	\$22.73	\$1.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.93	\$91.03	\$0.00	\$28.61	\$26.33		\$38.01	\$3.17	17.07 (FRV)	\$1.71
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	\$205.93	\$91.03	\$0.00	\$28.61	\$26.33	\$0.00	\$38.01	\$3.17	\$17.07	\$1.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2916</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.47	\$117.57	\$0.00	\$28.61	\$26.33	\$0.00	\$38.01	\$3.17	\$17.07	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.98	\$123.98	\$0.00	\$28.83	\$26.74	\$0.00	\$55.48	\$3.17	\$17.07	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.91									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - PEAKE				<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: 00143327A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4821	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.21%	1.0%	Quarterly Medicaid PDPM:			1.6052	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.14	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6375	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,389,803	\$4,951,307	\$0	\$756,407	\$981,516	\$0	\$1,226,405		\$474,168	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$601,956)	(\$134,726)	\$0	\$0	\$6,258	\$5,873	(\$340,560)		(\$138,801)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$432,484		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$121,082
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,341,413	\$4,816,581	\$0	\$756,407	\$987,774	\$5,873	\$885,845	\$432,484	\$335,367	\$121,082
8	Total Nursing Facility Days As Filed Days = 37,977	FY22 Audited C/R Days	37,977									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,977	FY22 GL-PL Ins Rpt Days								37,977		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.65	\$126.83	\$0.00	\$19.92	\$26.16	(with L&H)	\$23.33	\$11.39	\$8.83	\$3.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4821</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.57	\$0.00	\$19.92	\$26.16		\$23.33	\$11.39	\$8.83	\$3.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.75	\$85.57	\$0.00	\$19.92	\$26.16		\$23.33	\$11.39	17.19 (FRV)	\$3.19
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	\$186.75	\$85.57	\$0.00	\$19.92	\$26.16	\$0.00	\$23.33	\$11.39	\$17.19	\$3.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6375</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.30	\$140.12	\$0.00	\$19.92	\$26.16	\$0.00	\$23.33	\$11.39	\$17.19	\$3.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.01	\$7.01								
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	\$27.04	\$8.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.34	\$149.06	\$0.00	\$20.14	\$26.57	\$0.00	\$40.80	\$11.39	\$17.19	\$3.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHATUGE REGIONAL 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: 00143338A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3784	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.35%	1.0%	Quarterly Medicaid PDPM:			1.2531	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.88	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2779	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 SrvcS Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,596,826	\$4,511,278	\$0	\$1,286,277	\$421,712	\$846,149	\$1,185,705		\$345,705	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$582,739)	(\$471,887)	\$0	\$0	(\$4,540)	(\$9,108)	(\$97,204)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,014,087	\$4,039,391	\$0	\$1,286,277	\$417,172	\$837,041	\$1,088,501	\$0	\$345,705	\$0
8	Total Nursing Facility Days As Filed Days = 30,461	FY22 Audited C/R Days	30,461									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,461	FY22 GL-PL Ins Rpt Days								30,461		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$263.09	\$132.61	\$0.00	\$42.23	\$41.17	(with L&H)	\$35.73	\$0.00	\$11.35	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3784</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.20								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$96.20	\$0.00	\$42.23	\$41.17		\$35.73	\$0.00	\$11.35	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.11	\$96.20	\$0.00	\$36.63	\$33.22		\$35.73	\$0.00	13.33 (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	\$215.11	\$96.20	\$0.00	\$36.63	\$33.22	\$0.00	\$35.73	\$0.00	\$13.33	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2779</u>								
18	Qtrtry Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.84	\$122.93	\$0.00	\$36.63	\$33.22	\$0.00	\$35.73	\$0.00	\$13.33	\$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)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
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	\$21.69	\$4.22	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.53	\$127.15	\$0.00	\$36.63	\$33.22	\$0.00	\$53.20	\$0.00	\$13.33	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.82									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TREUTLEN COUNTY 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: 00143349A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3765	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.53%	2.5%	Quarterly Medicaid PDPM:			1.3009	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.32	7.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3263	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,735,613	\$1,866,625	\$0	\$437,638	\$407,615	\$0	\$785,753		\$237,982	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$96,521)	\$43	\$0	\$0	\$382	\$466	(\$90,407)		(\$7,005)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$39,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$7,019
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,685,111	\$1,866,668	\$0	\$437,638	\$407,997	\$466	\$695,346	\$39,000	\$230,977	\$7,019
8	Total Nursing Facility Days As Filed Days = 16,229	FY22 Audited C/R Days	16,241									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,229	FY22 GL-PL Ins Rpt Days								16,241		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.90	\$114.94	\$0.00	\$26.95	\$25.15	(with L&H)	\$42.81	\$2.40	\$14.22	\$0.43
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3765</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.50	\$0.00	\$26.95	\$25.15		\$42.81	\$2.40	\$14.22	\$0.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.20	\$83.50	\$0.00	\$26.95	\$25.15		\$38.83	\$2.40	17.94 (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	\$195.20	\$83.50	\$0.00	\$26.95	\$25.15	\$0.00	\$38.83	\$2.40	\$17.94	\$0.43
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3263</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.45	\$110.75	\$0.00	\$26.95	\$25.15	\$0.00	\$38.83	\$2.40	\$17.94	\$0.43
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.75	\$7.75								
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	\$28.78	\$11.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$251.23	\$121.80	\$0.00	\$27.17	\$25.56	\$0.00	\$55.93	\$2.40	\$17.94	\$0.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.60									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BERRIEN NURSING 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: 00143382A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4387	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		35.23%	2.5%	Quarterly Medicaid PDPM:			1.5217	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.71	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5524	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,931,957	\$2,868,954	\$0	\$622,138	\$620,102	\$0	\$1,076,535		\$744,228	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$200,730)	\$31,576	\$0	(\$5,090)	\$0	\$5,090	(\$185,640)		(\$46,666)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$154,064		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$46,666
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,931,957	\$2,900,530	\$0	\$617,048	\$620,102	\$5,090	\$890,895	\$154,064	\$697,562	\$46,666
8	Total Nursing Facility Days As Filed Days = 26,591	FY22 Audited C/R Days	26,591									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,591	FY22 GL-PL Ins Rpt Days								26,591		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.07	\$109.08	\$0.00	\$23.21	\$23.51	(with L&H)	\$33.50	\$5.79	\$26.23	\$1.75
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4387</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.82								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.82	\$0.00	\$23.21	\$23.51		\$33.50	\$5.79	\$26.23	\$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.77	\$75.82	\$0.00	\$23.21	\$23.51		\$33.50	\$5.79	16.19 (FRV)	\$1.75
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	\$179.77	\$75.82	\$0.00	\$23.21	\$23.51	\$0.00	\$33.50	\$5.79	\$16.19	\$1.75
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5524</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.65	\$117.70	\$0.00	\$23.21	\$23.51	\$0.00	\$33.50	\$5.79	\$16.19	\$1.75
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.75	\$124.70	\$0.00	\$23.43	\$23.92	\$0.00	\$50.97	\$5.79	\$16.19	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.24									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TWIN OAKS 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: 00143393A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4384	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.81%	1.0%	Quarterly Medicaid PDPM:			1.3775	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.46	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4048	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$7,777,306	\$3,873,430	\$0	\$777,161	\$533,262	\$443,257	\$1,522,443		\$627,753	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$186,241)	(\$116,059)	\$0	\$0	\$2,906	\$2,416	(\$54,222)		(\$21,282)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,281		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,398
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,782,744	\$3,757,371	\$0	\$777,161	\$536,168	\$445,673	\$1,468,221	\$170,281	\$606,471	\$21,398
8	Total Nursing Facility Days As Filed Days = 26,261	FY22 Audited C/R Days	26,261									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,261	FY22 GL-PL Ins Rpt Days								26,261		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$296.35	\$143.08	\$0.00	\$29.59	\$37.39	(with L&H)	\$55.91	\$6.48	\$23.09	\$0.81
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4384</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.47	\$0.00	\$29.59	\$37.39		\$55.91	\$6.48	\$23.09	\$0.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.18	\$99.47	\$0.00	\$29.59	\$33.22		\$38.83	\$6.48	20.78 (FRV)	\$0.81
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	\$229.18	\$99.47	\$0.00	\$29.59	\$33.22	\$0.00	\$38.83	\$6.48	\$20.78	\$0.81
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4048</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.45	\$139.74	\$0.00	\$29.59	\$33.22	\$0.00	\$38.83	\$6.48	\$20.78	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.40	\$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.59	\$5.59								
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	\$24.84	\$7.52	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$294.29	\$147.26	\$0.00	\$29.81	\$33.22	\$0.00	\$55.93	\$6.48	\$20.78	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.89									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4106	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid PDPM:			1.2374	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.33	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2617	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$10,452,464	\$5,343,065	\$0	\$1,172,755	\$629,243	\$829,254	\$1,596,444		\$881,703	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$133,553)	\$0	\$0	\$0	(\$10,026)	(\$13,213)	(\$89,237)		(\$21,077)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,211		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,741
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,385,863	\$5,343,065	\$0	\$1,172,755	\$619,217	\$816,041	\$1,507,207	\$46,211	\$860,626	\$20,741
8	Total Nursing Facility Days As Filed Days = 36,878	FY22 Audited C/R Days	36,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,878	FY22 GL-PL Ins Rpt Days								36,878		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.62	\$144.88	\$0.00	\$31.80	\$38.92	(with L&H)	\$40.87	\$1.25	\$23.34	\$0.56
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4106</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.70	\$0.00	\$31.80	\$38.92		\$40.87	\$1.25	\$23.34	\$0.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.53	\$102.70	\$0.00	\$31.80	\$33.22		\$38.83	\$1.25	13.17 (FRV)	\$0.56
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	\$221.53	\$102.70	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.25	\$13.17	\$0.56
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2617</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.41	\$129.58	\$0.00	\$31.80	\$33.22	\$0.00	\$38.83	\$1.25	\$13.17	\$0.56
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
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	\$24.98	\$7.66	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.39	\$137.24	\$0.00	\$32.02	\$33.22	\$0.00	\$55.93	\$1.25	\$13.17	\$0.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.22									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - RICHMOND, 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: 00143426A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3499	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		27.27%	1.0%	Quarterly Medicaid PDPM:			1.5755	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.75	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6082	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,061,523	\$3,419,012	\$0	\$572,048	\$535,963	\$0	\$1,060,758		\$473,742	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$556,141)	\$0	\$0	\$0	(\$541)	(\$652)	(\$545,344)		(\$9,604)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$132,942		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$9,582
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,647,906	\$3,419,012	\$0	\$572,048	\$535,422	(\$652)	\$515,414	\$132,942	\$464,138	\$9,582
8	Total Nursing Facility Days As Filed Days = 21,482	FY22 Audited C/R Days	21,482									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,482	FY22 GL-PL Ins Rpt Days								21,482		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.92	\$159.16	\$0.00	\$26.63	\$24.89	(with L&H)	\$23.99	\$6.19	\$21.61	\$0.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3499</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$117.91	\$0.00	\$26.63	\$24.89		\$23.99	\$6.19	\$21.61	\$0.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$220.43	\$117.25	\$0.00	\$26.63	\$24.89		\$23.99	\$6.19	21.03 (FRV)	\$0.45
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	\$220.43	\$117.25	\$0.00	\$26.63	\$24.89	\$0.00	\$23.99	\$6.19	\$21.03	\$0.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6082</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$188.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$291.74	\$188.56	\$0.00	\$26.63	\$24.89	\$0.00	\$23.99	\$6.19	\$21.03	\$0.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.66	\$5.66								
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	\$25.65	\$7.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$317.39	\$196.11	\$0.00	\$26.85	\$25.30	\$0.00	\$41.46	\$6.19	\$21.03	\$0.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$225.22									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.9304	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	25.40%	1.0%	Quarterly Medicaid PDPM:			1.6637	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	5.05	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6973	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,037,540	\$4,232,360	\$0	\$539,101	\$570,365	\$0	\$1,023,530		\$672,184	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$454,550)	(\$81,121)	\$0	\$0	(\$38,688)	(\$34,958)	(\$272,635)		(\$27,148)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$182,511		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,989
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,790,490	\$4,151,239	\$0	\$539,101	\$531,677	(\$34,958)	\$750,895	\$182,511	\$645,036	\$24,989
8	Total Nursing Facility Days As Filed Days = 18,518	FY22 Audited C/R Days	16,625									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,518	FY22 GL-PL Ins Rpt Days								16,625		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$408.46	\$249.70	\$0.00	\$32.43	\$29.88	(with L&H)	\$45.17	\$10.98	\$38.80	\$1.50
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.9304</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$129.35								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$129.35	\$0.00	\$32.43	\$29.88		\$45.17	\$10.98	\$38.80	\$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$241.76	\$117.25	\$0.00	\$30.35	\$29.88		\$38.83	\$10.98	12.97 (FRV)	\$1.50
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	\$241.76	\$117.25	\$0.00	\$30.35	\$29.88	\$0.00	\$38.83	\$10.98	\$12.97	\$1.50
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6973</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$199.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$323.52	\$199.01	\$0.00	\$30.35	\$29.88	\$0.00	\$38.83	\$10.98	\$12.97	\$1.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98								
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	\$23.48	\$5.97	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$347.00	\$204.98	\$0.00	\$30.35	\$30.29	\$0.00	\$55.93	\$10.98	\$12.97	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$247.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WAYCROSS 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: 00143459A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3231	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		43.55%	2.5%	Quarterly Medicaid PDPM:			1.3092	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.68	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3352	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,209,114	\$2,056,517	\$0	\$501,225	\$490,429	\$0	\$807,308		\$353,635	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$117,311)	\$0	\$0	\$0	\$1,053	\$1,001	(\$80,843)		(\$38,522)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$71,760		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,684
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,202,247	\$2,056,517	\$0	\$501,225	\$491,482	\$1,001	\$726,465	\$71,760	\$315,113	\$38,684
8	Total Nursing Facility Days As Filed Days = 16,884	FY22 Audited C/R Days	16,884									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,884	FY22 GL-PL Ins Rpt Days								16,884		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$248.89	\$121.80	\$0.00	\$29.69	\$29.17	(with L&H)	\$43.03	\$4.25	\$18.66	\$2.29
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3231</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.06	\$0.00	\$29.69	\$29.17		\$43.03	\$4.25	\$18.66	\$2.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.44	\$92.06	\$0.00	\$29.69	\$29.17		\$38.83	\$4.25	9.15 (FRV)	\$2.29
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	\$205.44	\$92.06	\$0.00	\$29.69	\$29.17	\$0.00	\$38.83	\$4.25	\$9.15	\$2.29
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3352</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.92								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.30	\$122.92	\$0.00	\$29.69	\$29.17	\$0.00	\$38.83	\$4.25	\$9.15	\$2.29
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$27.48	\$9.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$263.78	\$132.67	\$0.00	\$29.91	\$29.58	\$0.00	\$55.93	\$4.25	\$9.15	\$2.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.01									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WASHINGTON CO EXTENDED CARE 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: 00143481A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4662	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.40%	1.0%	Quarterly Medicaid PDPM:			1.3751	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.14	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4019	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$3,813,411	\$1,888,340	\$0	\$551,943	\$184,429	\$243,675	\$813,657		\$131,367	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$36,215)	(\$3,874)	\$0	\$0	\$0	\$0	(\$20,706)		(\$11,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$20,706		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$11,635
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,809,537	\$1,884,466	\$0	\$551,943	\$184,429	\$243,675	\$792,951	\$20,706	\$119,732	\$11,635
8	Total Nursing Facility Days As Filed Days = 16,608	FY22 Audited C/R Days	16,608									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,608	FY22 GL-PL Ins Rpt Days								16,608		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.39	\$113.47	\$0.00	\$33.23	\$25.78	(with L&H)	\$47.75	\$1.25	\$7.21	\$0.70
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4662</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.39								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.39	\$0.00	\$33.23	\$25.78		\$47.75	\$1.25	\$7.21	\$0.70
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.26	\$77.39	\$0.00	\$33.23	\$25.78		\$38.83	\$1.25	14.08 (FRV)	\$0.70
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	\$191.26	\$77.39	\$0.00	\$33.23	\$25.78	\$0.00	\$38.83	\$1.25	\$14.08	\$0.70
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4019</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.36	\$108.49	\$0.00	\$33.23	\$25.78	\$0.00	\$38.83	\$1.25	\$14.08	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	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	\$21.51	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.87	\$112.27	\$0.00	\$33.45	\$26.19	\$0.00	\$55.93	\$1.25	\$14.08	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.08									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WESTBURY CENTER OF CONYERS FOR NURSING AND HEALING				<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: 00143503A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4012	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.23%	2.5%	Quarterly Medicaid PDPM:			1.6259	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.75	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6598	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,122,091	\$6,150,824	\$0	\$811,283	\$1,058,546	\$0	\$1,786,589		\$1,314,849	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$278,586)	(\$37,711)	\$0	\$0	\$2,856	\$2,305	(\$198,556)		(\$47,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$201,781		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,712
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,092,998	\$6,113,113	\$0	\$811,283	\$1,061,402	\$2,305	\$1,588,033	\$201,781	\$1,267,369	\$47,712
8	Total Nursing Facility Days As Filed Days = 51,084	FY22 Audited C/R Days	51,084									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,084	FY22 GL-PL Ins Rpt Days								51,084		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.15	\$119.67	\$0.00	\$15.88	\$20.82	(with L&H)	\$31.09	\$3.95	\$24.81	\$0.93
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4012</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.41	\$0.00	\$15.88	\$20.82		\$31.09	\$3.95	\$24.81	\$0.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.60	\$85.41	\$0.00	\$15.88	\$20.82		\$31.09	\$3.95	12.52 (FRV)	\$0.93
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	\$170.60	\$85.41	\$0.00	\$15.88	\$20.82	\$0.00	\$31.09	\$3.95	\$12.52	\$0.93
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6598</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$141.76								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.95	\$141.76	\$0.00	\$15.88	\$20.82	\$0.00	\$31.09	\$3.95	\$12.52	\$0.93
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.67	\$5.67								
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	\$27.84	\$9.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.79	\$151.50	\$0.00	\$16.10	\$21.23	\$0.00	\$48.56	\$3.95	\$12.52	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.27									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING				<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: 00143514A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5209	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.59%	2.5%	Quarterly Medicaid PDPM:			1.5976	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.72	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6305	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,964,143	\$6,067,483	\$0	\$788,885	\$894,272	\$0	\$2,124,818		\$1,088,685	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$368,966)	(\$34,890)	\$0	\$0	\$0	\$0	(\$252,535)		(\$81,541)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$226,733		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$81,541
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,903,451	\$6,032,593	\$0	\$788,885	\$894,272	\$0	\$1,872,283	\$226,733	\$1,007,144	\$81,541
8	Total Nursing Facility Days As Filed Days = 56,179	FY22 Audited C/R Days	56,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,179	FY22 GL-PL Ins Rpt Days								56,179		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.09	\$107.38	\$0.00	\$14.04	\$15.92	(with L&H)	\$33.33	\$4.04	\$17.93	\$1.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5209</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$70.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.61	\$0.00	\$14.04	\$15.92		\$33.33	\$4.04	\$17.93	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.41	\$70.61	\$0.00	\$14.04	\$15.92		\$33.33	\$4.04	14.02 (FRV)	\$1.45
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	\$153.41	\$70.61	\$0.00	\$14.04	\$15.92	\$0.00	\$33.33	\$4.04	\$14.02	\$1.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6305</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.93	\$115.13	\$0.00	\$14.04	\$15.92	\$0.00	\$33.33	\$4.04	\$14.02	\$1.45
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.91	\$6.91								
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	\$28.42	\$10.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$226.35	\$125.45	\$0.00	\$14.26	\$16.33	\$0.00	\$50.80	\$4.04	\$14.02	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.94									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WESTBURY CENTER OF MCDONOUGH FOR NURSING & HEALING				<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: 00143525A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4526	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.04%	2.5%	Quarterly Medicaid PDPM:			1.3896	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.71	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4175	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,121,842	\$5,876,954	\$0	\$765,289	\$757,931	\$0	\$1,663,041		\$1,058,627	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$349,208)	(\$69,204)	\$0	\$0	\$0	\$0	(\$211,248)		(\$68,756)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$249,177		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$68,756
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,090,567	\$5,807,750	\$0	\$765,289	\$757,931	\$0	\$1,451,793	\$249,177	\$989,871	\$68,756
8	Total Nursing Facility Days As Filed Days = 46,360	FY22 Audited C/R Days	46,360									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,360	FY22 GL-PL Ins Rpt Days								46,360		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.66	\$125.28	\$0.00	\$16.51	\$16.35	(with L&H)	\$31.32	\$5.37	\$21.35	\$1.48
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4526</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.24	\$0.00	\$16.51	\$16.35		\$31.32	\$5.37	\$21.35	\$1.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.75	\$86.24	\$0.00	\$16.51	\$16.35		\$31.32	\$5.37	11.48 (FRV)	\$1.48
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	\$168.75	\$86.24	\$0.00	\$16.51	\$16.35	\$0.00	\$31.32	\$5.37	\$11.48	\$1.48
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4175</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.76	\$122.25	\$0.00	\$16.51	\$16.35	\$0.00	\$31.32	\$5.37	\$11.48	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45								
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	\$24.14	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$228.90	\$128.29	\$0.00	\$16.73	\$16.76	\$0.00	\$48.79	\$5.37	\$11.48	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.85									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SEASIDE				<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: 00143536A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6837	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.67%	1.0%	Quarterly Medicaid PDPM:			1.4975	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.80	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5287	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,435,662	\$2,852,736	\$0	\$410,645	\$527,216	\$0	\$900,758		\$744,307	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$406,514)	(\$6,694)	\$0	\$0	(\$1,314)	(\$1,508)	(\$377,455)		(\$19,543)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$361,070		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,129
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,403,347	\$2,846,042	\$0	\$410,645	\$525,902	(\$1,508)	\$523,303	\$361,070	\$724,764	\$13,129
8	Total Nursing Facility Days As Filed Days = 21,979	FY22 Audited C/R Days	21,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,979	FY22 GL-PL Ins Rpt Days								21,979		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.85	\$129.49	\$0.00	\$18.68	\$23.86	(with L&H)	\$23.81	\$16.43	\$32.98	\$0.60
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6837</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$18.68	\$23.86		\$23.81	\$16.43	\$32.98	\$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.19	\$76.91	\$0.00	\$18.68	\$23.86		\$23.81	\$16.43	23.90 (FRV)	\$0.60
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	\$184.19	\$76.91	\$0.00	\$18.68	\$23.86	\$0.00	\$23.81	\$16.43	\$23.90	\$0.60
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5287</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.85	\$117.57	\$0.00	\$18.68	\$23.86	\$0.00	\$23.81	\$16.43	\$23.90	\$0.60
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.70	\$4.70								
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	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.36	\$123.98	\$0.00	\$18.90	\$24.27	\$0.00	\$41.28	\$16.43	\$23.90	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.20									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.1559	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.93%	2.5%	Quarterly Medicaid PDPM:			1.5759	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.17	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6076	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$2,848,375	\$1,445,179	\$0	\$318,269	\$265,392	\$0	\$518,572		\$300,963	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$50,311)	\$0	\$0	\$0	\$0	\$0	(\$31,998)		(\$18,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,313
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$2,816,377	\$1,445,179	\$0	\$318,269	\$265,392	\$0	\$486,574	\$0	\$282,650	\$18,313
8	Total Nursing Facility Days As Filed Days = 14,407	FY22 Audited C/R Days	14,407									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,407	FY22 GL-PL Ins Rpt Days								14,407		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$195.48	\$100.31	\$0.00	\$22.09	\$18.42	(with L&H)	\$33.77	\$0.00	\$19.62	\$1.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.1559</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.78	\$0.00	\$22.09	\$18.42		\$33.77	\$0.00	\$19.62	\$1.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.33	\$86.78	\$0.00	\$22.09	\$18.42		\$33.77	\$0.00	12.00 (FRV)	\$1.27
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	\$174.33	\$86.78	\$0.00	\$22.09	\$18.42	\$0.00	\$33.77	\$0.00	\$12.00	\$1.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6076</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.06	\$139.51	\$0.00	\$22.09	\$18.42	\$0.00	\$33.77	\$0.00	\$12.00	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	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 Srvcs)	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	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.37	\$147.72	\$0.00	\$22.31	\$18.83	\$0.00	\$51.24	\$0.00	\$12.00	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.20									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SOUTHLAND HEALTHCARE AND REHAB 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: 00143558A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3914	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.00%	0.0%	Quarterly Medicaid PDPM:			1.2930	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.91	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3198	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,080,604	\$2,954,947	\$0	\$524,583	\$537,286	\$0	\$847,851		\$1,215,937	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$242,238)	\$300	\$0	\$0	\$0	\$0	(\$210,214)		(\$32,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$49,885		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$32,324
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,920,575	\$2,955,247	\$0	\$524,583	\$537,286	\$0	\$637,637	\$49,885	\$1,183,613	\$32,324
8	Total Nursing Facility Days As Filed Days = 27,424	FY22 Audited C/R Days	27,424									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,424	FY22 GL-PL Ins Rpt Days								27,424		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$215.89	\$107.76	\$0.00	\$19.13	\$19.59	(with L&H)	\$23.25	\$1.82	\$43.16	\$1.18
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3914</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.45	\$0.00	\$19.13	\$19.59		\$23.25	\$1.82	\$43.16	\$1.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.26	\$77.45	\$0.00	\$19.13	\$19.59		\$23.25	\$1.82	9.84 (FRV)	\$1.18
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	\$152.26	\$77.45	\$0.00	\$19.13	\$19.59	\$0.00	\$23.25	\$1.82	\$9.84	\$1.18
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3198</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$102.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.03	\$102.22	\$0.00	\$19.13	\$19.59	\$0.00	\$23.25	\$1.82	\$9.84	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$20.67	\$2.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$197.70	\$104.79	\$0.00	\$19.35	\$20.00	\$0.00	\$40.72	\$1.82	\$9.84	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.45									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WASHINGTON				<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: 00143569A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3732	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.32%	1.0%	Quarterly Medicaid PDPM:			1.4418	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.07	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4705	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,361,395	\$1,665,855	\$0	\$272,909	\$457,111	\$0	\$845,099		\$120,421	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$194,148)	(\$31,279)	\$0	\$0	\$0	\$57	(\$141,112)		(\$21,814)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$166,613		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$18,557
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,352,417	\$1,634,576	\$0	\$272,909	\$457,111	\$57	\$703,987	\$166,613	\$98,607	\$18,557
8	Total Nursing Facility Days As Filed Days = 14,332	FY22 Audited C/R Days	14,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,332	FY22 GL-PL Ins Rpt Days								14,332		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.91	\$114.05	\$0.00	\$19.04	\$31.90	(with L&H)	\$49.12	\$11.63	\$6.88	\$1.29
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3732</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.05	\$0.00	\$19.04	\$31.90		\$49.12	\$11.63	\$6.88	\$1.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.57	\$83.05	\$0.00	\$19.04	\$31.90		\$38.83	\$11.63	11.83 (FRV)	\$1.29
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	\$197.57	\$83.05	\$0.00	\$19.04	\$31.90	\$0.00	\$38.83	\$11.63	\$11.83	\$1.29
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4705</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.65	\$122.13	\$0.00	\$19.04	\$31.90	\$0.00	\$38.83	\$11.63	\$11.83	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.59	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.24	\$129.99	\$0.00	\$19.26	\$32.31	\$0.00	\$55.93	\$11.63	\$11.83	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.86									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WRIGHTSVILLE MANOR 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: 00143602A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3545	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.14%	2.5%	Quarterly Medicaid PDPM:			1.3463	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.23	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3736	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,154,071	\$3,280,141	\$0	\$721,322	\$586,263	\$0	\$921,398		\$644,947	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$169,878)	\$0	\$0	\$0	\$0	\$0	(\$108,899)		(\$60,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,738		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$60,979
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,156,910	\$3,280,141	\$0	\$721,322	\$586,263	\$0	\$812,499	\$111,738	\$583,968	\$60,979
8	Total Nursing Facility Days As Filed Days = 27,818	FY22 Audited C/R Days	27,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,818	FY22 GL-PL Ins Rpt Days								27,818		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.32	\$117.91	\$0.00	\$25.93	\$21.07	(with L&H)	\$29.21	\$4.02	\$20.99	\$2.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3545</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.05	\$0.00	\$25.93	\$21.07		\$29.21	\$4.02	\$20.99	\$2.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.74	\$87.05	\$0.00	\$25.93	\$21.07		\$29.21	\$4.02	14.27 (FRV)	\$2.19
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	\$183.74	\$87.05	\$0.00	\$25.93	\$21.07	\$0.00	\$29.21	\$4.02	\$14.27	\$2.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3736</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.26	\$119.57	\$0.00	\$25.93	\$21.07	\$0.00	\$29.21	\$4.02	\$14.27	\$2.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.47	\$126.68	\$0.00	\$26.15	\$21.48	\$0.00	\$46.68	\$4.02	\$14.27	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.28									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2975	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		24.73%	1.0%	Quarterly Medicaid PDPM:			1.1985	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.23	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2222	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,740,345	\$3,567,159	\$0	\$696,630	\$705,659	\$0	\$1,251,063		\$519,834	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$138,875)	\$0	\$0	\$0	\$0	\$4,074	(\$107,025)		(\$35,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,260		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,924
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,728,654	\$3,567,159	\$0	\$696,630	\$705,659	\$4,074	\$1,144,038	\$91,260	\$483,910	\$35,924
8	Total Nursing Facility Days As Filed Days = 30,767	FY22 Audited C/R Days	30,767									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,767	FY22 GL-PL Ins Rpt Days								30,767		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.70	\$115.94	\$0.00	\$22.64	\$23.07	(with L&H)	\$37.18	\$2.97	\$15.73	\$1.17
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2975</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.36								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.36	\$0.00	\$22.64	\$23.07		\$37.18	\$2.97	\$15.73	\$1.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.67	\$89.36	\$0.00	\$22.64	\$23.07		\$37.18	\$2.97	9.28 (FRV)	\$1.17
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	\$185.67	\$89.36	\$0.00	\$22.64	\$23.07	\$0.00	\$37.18	\$2.97	\$9.28	\$1.17
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2222</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.53	\$109.22	\$0.00	\$22.64	\$23.07	\$0.00	\$37.18	\$2.97	\$9.28	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46								
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	\$25.18	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.71	\$116.30	\$0.00	\$22.86	\$23.48	\$0.00	\$54.65	\$2.97	\$9.28	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TRADITIONS 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: 00143701A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5513	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.40%	2.5%	Quarterly Medicaid PDPM:			1.4005	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.60	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4288	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,124,016	\$4,869,617	\$0	\$865,467	\$1,197,411	\$0	\$1,792,024		\$399,497	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$316,781)	\$0	\$0	\$0	\$8,963	\$10,523	(\$209,051)		(\$127,216)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$141,960		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$129,286
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,078,481	\$4,869,617	\$0	\$865,467	\$1,206,374	\$10,523	\$1,582,973	\$141,960	\$272,281	\$129,286
8	Total Nursing Facility Days As Filed Days = 40,227	FY22 Audited C/R Days	40,227									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,227	FY22 GL-PL Ins Rpt Days								40,227		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.67	\$121.05	\$0.00	\$21.51	\$30.25	(with L&H)	\$39.35	\$3.53	\$6.77	\$3.21
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5513</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$21.51	\$30.25		\$39.35	\$3.53	\$6.77	\$3.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.96	\$78.03	\$0.00	\$21.51	\$30.25		\$38.83	\$3.53	14.60 (FRV)	\$3.21
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	\$189.96	\$78.03	\$0.00	\$21.51	\$30.25	\$0.00	\$38.83	\$3.53	\$14.60	\$3.21
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4288</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.42	\$111.49	\$0.00	\$21.51	\$30.25	\$0.00	\$38.83	\$3.53	\$14.60	\$3.21
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.57	\$5.57								
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	\$26.62	\$8.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$250.04	\$120.38	\$0.00	\$21.73	\$30.66	\$0.00	\$55.93	\$3.53	\$14.60	\$3.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.71									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LILBURN				<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: 00145527A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5742	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.72%	2.5%	Quarterly Medicaid PDPM:			1.7374	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.19	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7735	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,535,707	\$4,181,625	\$0	\$806,233	\$904,131	\$0	\$1,394,630		\$249,088	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$617,200)	(\$30,134)	\$0	\$0	\$3,505	\$4,416	(\$522,773)		(\$72,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$538,834		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$67,929
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,525,270	\$4,151,491	\$0	\$806,233	\$907,636	\$4,416	\$871,857	\$538,834	\$176,874	\$67,929
8	Total Nursing Facility Days As Filed Days = 34,434	FY22 Audited C/R Days	34,434									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,434	FY22 GL-PL Ins Rpt Days								34,434		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.54	\$120.56	\$0.00	\$23.41	\$26.49	(with L&H)	\$25.32	\$15.65	\$5.14	\$1.97
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5742</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.59	\$0.00	\$23.41	\$26.49		\$25.32	\$15.65	\$5.14	\$1.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.04	\$76.59	\$0.00	\$23.41	\$26.49		\$25.32	\$15.65	9.61 (FRV)	\$1.97
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	\$179.04	\$76.59	\$0.00	\$23.41	\$26.49	\$0.00	\$25.32	\$15.65	\$9.61	\$1.97
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7735</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.28	\$135.83	\$0.00	\$23.41	\$26.49	\$0.00	\$25.32	\$15.65	\$9.61	\$1.97
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43								
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	\$27.46	\$9.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$265.74	\$145.19	\$0.00	\$23.63	\$26.90	\$0.00	\$42.79	\$15.65	\$9.61	\$1.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.48									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: QUINTON MEM HC & REHAB CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00150279A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.2097	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	22.45%	1.0%	Quarterly Medicaid PDPM:			1.2408	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	5.76	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2655	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,073,502	\$3,749,747	\$0	\$640,924	\$688,169	\$0	\$1,753,491		\$241,171	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$250,529)	\$0	\$0	\$0	(\$2,288)	(\$2,678)	(\$230,569)		(\$14,994)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$230,569		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,886
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,068,428	\$3,749,747	\$0	\$640,924	\$685,881	(\$2,678)	\$1,522,922	\$230,569	\$226,177	\$14,886
8	Total Nursing Facility Days As Filed Days = 26,578	FY22 Audited C/R Days	26,578									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,578	FY22 GL-PL Ins Rpt Days								26,578		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$265.95	\$141.08	\$0.00	\$24.11	\$25.71	(with L&H)	\$57.30	\$8.68	\$8.51	\$0.56
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2097</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$116.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$116.63	\$0.00	\$24.11	\$25.71		\$57.30	\$8.68	\$8.51	\$0.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.22	\$116.63	\$0.00	\$24.11	\$25.71		\$38.83	\$8.68	21.70 (FRV)	\$0.56
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	\$236.22	\$116.63	\$0.00	\$24.11	\$25.71	\$0.00	\$38.83	\$8.68	\$21.70	\$0.56
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2655</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.19	\$147.60	\$0.00	\$24.11	\$25.71	\$0.00	\$38.83	\$8.68	\$21.70	\$0.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.10	\$0.47	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$24.11	\$6.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$291.30	\$153.98	\$0.00	\$24.33	\$26.12	\$0.00	\$55.93	\$8.68	\$21.70	\$0.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.65									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHRISTIAN CITY REHABILITATION CENTER				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00158034A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.4370	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	33.62%	2.5%	Quarterly Medicaid PDPM:			1.5703	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.51	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6014	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$13,745,833	\$7,701,875	\$0	\$1,440,507	\$1,214,821	\$0	\$2,930,157		\$458,473	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$788,059)	(\$112,397)	\$0	\$0	\$9,668	\$5,758	(\$624,429)		(\$66,659)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$708,992		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,064
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$13,702,830	\$7,589,478	\$0	\$1,440,507	\$1,224,489	\$5,758	\$2,305,728	\$708,992	\$391,814	\$36,064
8	Total Nursing Facility Days As Filed Days = 61,125	FY22 Audited C/R Days	61,125									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,125	FY22 GL-PL Ins Rpt Days								61,125		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.18	\$124.16	\$0.00	\$23.57	\$20.13	(with L&H)	\$37.72	\$11.60	\$6.41	\$0.59
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4370</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.40	\$0.00	\$23.57	\$20.13		\$37.72	\$11.60	\$6.41	\$0.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.55	\$86.40	\$0.00	\$23.57	\$20.13		\$37.72	\$11.60	17.54 (FRV)	\$0.59
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	\$197.55	\$86.40	\$0.00	\$23.57	\$20.13	\$0.00	\$37.72	\$11.60	\$17.54	\$0.59
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6014</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.51	\$138.36	\$0.00	\$23.57	\$20.13	\$0.00	\$37.72	\$11.60	\$17.54	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.92	\$6.92								
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	\$11.91	\$10.91	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.42	\$149.27	\$0.00	\$23.79	\$20.54	\$0.00	\$38.09	\$11.60	\$17.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.07									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: DECATUR 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: 00159266A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3353	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		19.18%	0.0%	Quarterly Medicaid PDPM:			1.6644	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6995	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,127,799	\$5,738,163	\$0	\$846,678	\$813,310	\$0	\$2,545,739		\$183,909	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$926,199)	(\$4,755)	\$0	\$0	(\$5,657)	(\$5,676)	(\$831,168)		(\$78,943)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$85,257
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,418,757	\$5,733,408	\$0	\$846,678	\$807,653	(\$5,676)	\$1,714,571	\$131,900	\$104,966	\$85,257
8	Total Nursing Facility Days As Filed Days = 41,816	FY22 Audited C/R Days	41,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,816	FY22 GL-PL Ins Rpt Days								41,816		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.24	\$137.11	\$0.00	\$20.25	\$19.18	(with L&H)	\$41.00	\$3.15	\$2.51	\$2.04
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3353</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$102.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.68	\$0.00	\$20.25	\$19.18		\$41.00	\$3.15	\$2.51	\$2.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.75	\$102.68	\$0.00	\$20.25	\$19.18		\$38.83	\$3.15	11.62 (FRV)	\$2.04
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	\$197.75	\$102.68	\$0.00	\$20.25	\$19.18	\$0.00	\$38.83	\$3.15	\$11.62	\$2.04
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6995</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$174.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.57	\$174.50	\$0.00	\$20.25	\$19.18	\$0.00	\$38.83	\$3.15	\$11.62	\$2.04
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24								
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	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$293.07	\$180.27	\$0.00	\$20.47	\$19.59	\$0.00	\$55.93	\$3.15	\$11.62	\$2.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.98									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HART 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: 00167857A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2392	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.09%	2.5%	Quarterly Medicaid PDPM:			1.3670	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.94	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3952	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,681,372	\$2,837,539	\$0	\$611,794	\$527,854	\$0	\$616,246		\$87,939	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$101,241)	\$0	\$0	\$0	\$0	\$2,727	(\$50,908)		(\$53,060)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$48,181		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$53,060
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,681,372	\$2,837,539	\$0	\$611,794	\$527,854	\$2,727	\$565,338	\$48,181	\$34,879	\$53,060
8	Total Nursing Facility Days As Filed Days = 25,430	FY22 Audited C/R Days	25,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,430	FY22 GL-PL Ins Rpt Days								25,430		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.08	\$111.58	\$0.00	\$24.06	\$20.86	(with L&H)	\$22.23	\$1.89	\$1.37	\$2.09
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2392</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.04	\$0.00	\$24.06	\$20.86		\$22.23	\$1.89	\$1.37	\$2.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.74	\$90.04	\$0.00	\$24.06	\$20.86		\$22.23	\$1.89	8.57 (FRV)	\$2.09
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	\$169.74	\$90.04	\$0.00	\$24.06	\$20.86	\$0.00	\$22.23	\$1.89	\$8.57	\$2.09
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3952</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.32	\$125.62	\$0.00	\$24.06	\$20.86	\$0.00	\$22.23	\$1.89	\$8.57	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.14	\$3.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77								
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	\$25.54	\$7.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$230.86	\$133.06	\$0.00	\$24.28	\$21.27	\$0.00	\$39.70	\$1.89	\$8.57	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.32									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4137	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.32%	2.5%	Quarterly Medicaid PDPM:			1.4004	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.72	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4282	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$12,592,981	\$6,455,764	\$0	\$1,202,109	\$1,318,843	\$0	\$2,318,539		\$1,297,726	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$465,362)	\$0	\$0	\$0	\$0	\$0	(\$355,556)		(\$109,806)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$355,556		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$109,806
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$12,592,981	\$6,455,764	\$0	\$1,202,109	\$1,318,843	\$0	\$1,962,983	\$355,556	\$1,187,920	\$109,806
8	Total Nursing Facility Days As Filed Days = 55,305	FY22 Audited C/R Days	55,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,305	FY22 GL-PL Ins Rpt Days								55,305		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.71	\$116.73	\$0.00	\$21.74	\$23.85	(with L&H)	\$35.49	\$6.43	\$21.48	\$1.99
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4137</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$82.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.57	\$0.00	\$21.74	\$23.85		\$35.49	\$6.43	\$21.48	\$1.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$82.57	\$0.00	\$21.74	\$23.85		\$35.49	\$6.43	12.70 (FRV)	\$1.99
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	\$184.77	\$82.57	\$0.00	\$21.74	\$23.85	\$0.00	\$35.49	\$6.43	\$12.70	\$1.99
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4282</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.13	\$117.93	\$0.00	\$21.74	\$23.85	\$0.00	\$35.49	\$6.43	\$12.70	\$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)	\$1.53	\$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 Srvcs)	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 Srvcs)	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	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.25	\$124.95	\$0.00	\$21.96	\$24.26	\$0.00	\$52.96	\$6.43	\$12.70	\$1.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WOODSTOCK NURSING & 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: 00171212A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4607	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.94%	2.5%	Quarterly Medicaid PDPM:			1.4579	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.58	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4879	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$11,258,710	\$6,490,876	\$0	\$872,997	\$862,213	\$0	\$1,569,168		\$1,463,456	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$348,448)	(\$453,470)	\$0	\$0	\$723	\$755	\$175,421		(\$71,877)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$25,233		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,396
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,958,891	\$6,037,406	\$0	\$872,997	\$862,936	\$755	\$1,744,589	\$25,233	\$1,391,579	\$23,396
8	Total Nursing Facility Days As Filed Days = 43,190	FY22 Audited C/R Days	43,184									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,190	FY22 GL-PL Ins Rpt Days								43,184		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$253.77	\$139.81	\$0.00	\$20.22	\$20.00	(with L&H)	\$40.40	\$0.58	\$32.22	\$0.54
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4607</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$95.71								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.22	\$20.00		\$40.40	\$0.58	\$32.22	\$0.54
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.73	\$95.71	\$0.00	\$20.22	\$20.00		\$38.83	\$0.58	10.85 (FRV)	\$0.54
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	\$186.73	\$95.71	\$0.00	\$20.22	\$20.00	\$0.00	\$38.83	\$0.58	\$10.85	\$0.54
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4879</u>								
18	Qtrtry Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.43	\$142.41	\$0.00	\$20.22	\$20.00	\$0.00	\$38.83	\$0.58	\$10.85	\$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)	\$1.16	\$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 SrvcS)	Ln 19 Col b x CPS Add-on	\$3.56	\$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine SrvcS)	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	\$24.67	\$6.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$258.10	\$149.35	\$0.00	\$20.44	\$20.41	\$0.00	\$55.93	\$0.58	\$10.85	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.75									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FAIRBURN 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: 00173071A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3860	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.35%	1.0%	Quarterly Medicaid PDPM:			1.4798	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.51	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5096	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,692,180	\$3,709,888	\$0	\$598,533	\$436,111	\$0	\$1,031,114		\$916,534	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$259,931)	(\$19,203)	\$0	\$3,638	\$0	\$0	(\$200,227)		(\$44,139)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$180,745		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$39,931
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,652,925	\$3,690,685	\$0	\$602,171	\$436,111	\$0	\$830,887	\$180,745	\$872,395	\$39,931
8	Total Nursing Facility Days As Filed Days = 34,254	FY22 Audited C/R Days	34,254									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,254	FY22 GL-PL Ins Rpt Days								34,254		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.23	\$107.74	\$0.00	\$17.58	\$12.73	(with L&H)	\$24.26	\$5.28	\$25.47	\$1.17
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3860</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.73								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.73	\$0.00	\$17.58	\$12.73		\$24.26	\$5.28	\$25.47	\$1.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.32	\$77.73	\$0.00	\$17.58	\$12.73		\$24.26	\$5.28	10.57 (FRV)	\$1.17
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	\$149.32	\$77.73	\$0.00	\$17.58	\$12.73	\$0.00	\$24.26	\$5.28	\$10.57	\$1.17
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5096</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.93	\$117.34	\$0.00	\$17.58	\$12.73	\$0.00	\$24.26	\$5.28	\$10.57	\$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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.35	\$2.35								
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	\$22.15	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$211.08	\$121.39	\$0.00	\$17.80	\$13.14	\$0.00	\$41.73	\$5.28	\$10.57	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THE OAKS - SCENIC VIEW 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: 00178307A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5145	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.39%	1.0%	Quarterly Medicaid PDPM:			1.4725	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.97	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5028	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,987,625	\$4,579,524	\$0	\$547,478	\$821,793	\$0	\$1,614,434		\$424,396	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$639,274)	(\$103,479)	\$0	\$0	(\$3,892)	(\$4,648)	(\$460,307)		(\$66,948)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$524,653		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$54,535
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,927,539	\$4,476,045	\$0	\$547,478	\$817,901	(\$4,648)	\$1,154,127	\$524,653	\$357,448	\$54,535
8	Total Nursing Facility Days As Filed Days = 33,677	FY22 Audited C/R Days	33,677									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,677	FY22 GL-PL Ins Rpt Days								33,677		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.40	\$132.91	\$0.00	\$16.26	\$24.15	(with L&H)	\$34.27	\$15.58	\$10.61	\$1.62
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5145</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.76	\$0.00	\$16.26	\$24.15		\$34.27	\$15.58	\$10.61	\$1.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.40	\$87.76	\$0.00	\$16.26	\$24.15		\$34.27	\$15.58	9.76 (FRV)	\$1.62
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	\$189.40	\$87.76	\$0.00	\$16.26	\$24.15	\$0.00	\$34.27	\$15.58	\$9.76	\$1.62
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5028</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.89								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.53	\$131.89	\$0.00	\$16.26	\$24.15	\$0.00	\$34.27	\$15.58	\$9.76	\$1.62
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.59	\$6.59								
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	\$26.54	\$8.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.07	\$140.33	\$0.00	\$16.48	\$24.56	\$0.00	\$51.74	\$15.58	\$9.76	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.23									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MARIETTA				<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: 00202507A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4735	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.56%	2.5%	Quarterly Medicaid PDPM:			1.5256	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.03	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5564	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,143,687	\$3,760,472	\$0	\$545,850	\$645,449	\$0	\$1,387,425		\$804,491	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$513,164)	(\$50,423)	\$0	\$0	(\$1,314)	(\$1,275)	(\$390,875)		(\$69,277)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$422,443		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,694
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,119,660	\$3,710,049	\$0	\$545,850	\$644,135	(\$1,275)	\$996,550	\$422,443	\$735,214	\$66,694
8	Total Nursing Facility Days As Filed Days = 32,547	FY22 Audited C/R Days	32,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,547	FY22 GL-PL Ins Rpt Days								32,547		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.75	\$113.99	\$0.00	\$16.77	\$19.75	(with L&H)	\$30.62	\$12.98	\$22.59	\$2.05
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4735								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.36	\$0.00	\$16.77	\$19.75		\$30.62	\$12.98	\$22.59	\$2.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.22	\$77.36	\$0.00	\$16.77	\$19.75		\$30.62	\$12.98	15.69 (FRV)	\$2.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$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	\$77.36	\$0.00	\$16.77	\$19.75	\$0.00	\$30.62	\$12.98	\$15.69	\$2.05
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.5564								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.26	\$120.40	\$0.00	\$16.77	\$19.75	\$0.00	\$30.62	\$12.98	\$15.69	\$2.05
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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$245.92	\$129.96	\$0.00	\$16.99	\$20.16	\$0.00	\$48.09	\$12.98	\$15.69	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.62									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GORDON HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00202848A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.4452	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	21.21%	1.0%	Quarterly Medicaid PDPM:			1.3408	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.36	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3680	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,037,976	\$4,004,766	\$0	\$759,417	\$746,448	\$0	\$1,567,579		\$959,766	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$252,946)	\$11,217	\$0	(\$400)	\$0	\$0	(\$224,960)		(\$38,803)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$91,260		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,803
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,915,093	\$4,015,983	\$0	\$759,017	\$746,448	\$0	\$1,342,619	\$91,260	\$920,963	\$38,803
8	Total Nursing Facility Days As Filed Days = 35,043	FY22 Audited C/R Days	35,025									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,043	FY22 GL-PL Ins Rpt Days								35,025		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.98	\$114.66	\$0.00	\$21.67	\$21.31	(with L&H)	\$38.33	\$2.61	\$26.29	\$1.11
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4452</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.34	\$0.00	\$21.67	\$21.31		\$38.33	\$2.61	\$26.29	\$1.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.53	\$79.34	\$0.00	\$21.67	\$21.31		\$38.33	\$2.61	13.16 (FRV)	\$1.11
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	\$79.34	\$0.00	\$21.67	\$21.31	\$0.00	\$38.33	\$2.61	\$13.16	\$1.11
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3680</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.73	\$108.54	\$0.00	\$21.67	\$21.31	\$0.00	\$38.33	\$2.61	\$13.16	\$1.11
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.43	\$5.43								
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	\$25.15	\$7.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$231.88	\$115.59	\$0.00	\$21.89	\$21.72	\$0.00	\$55.80	\$2.61	\$13.16	\$1.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.09									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FLORENCE HAND 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: 00207083A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3385	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.98%	1.0%	Quarterly Medicaid PDPM:			1.2008	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.53	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2246	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$18,145,237	\$6,265,479	\$0	\$1,289,089	\$1,221,950	\$1,200,199	\$6,943,965		\$1,224,555	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$59,487)	\$0	\$0	\$0	\$0	\$0	(\$59,487)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$59,487		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$18,145,237	\$6,265,479	\$0	\$1,289,089	\$1,221,950	\$1,200,199	\$6,884,478	\$59,487	\$1,224,555	\$0
8	Total Nursing Facility Days As Filed Days = 37,687	FY22 Audited C/R Days	37,687									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,687	FY22 GL-PL Ins Rpt Days								37,687		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$481.48	\$166.25	\$0.00	\$34.21	\$64.27	(with L&H)	\$182.68	\$1.58	\$32.49	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3385</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.21	\$0.00	\$34.21	\$64.27		\$182.68	\$1.58	\$32.49	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$243.66	\$117.25	\$0.00	\$34.21	\$33.22		\$38.83	\$1.58	18.57 (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	\$243.66	\$117.25	\$0.00	\$34.21	\$33.22	\$0.00	\$38.83	\$1.58	\$18.57	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2246</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.99	\$143.58	\$0.00	\$34.21	\$33.22	\$0.00	\$38.83	\$1.58	\$18.57	\$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)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.31	\$4.31								
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	\$23.07	\$5.75	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$293.06	\$149.33	\$0.00	\$34.43	\$33.22	\$0.00	\$55.93	\$1.58	\$18.57	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.97									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHATSWORTH 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: 00209778A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.7234	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.63%	5.5%	Quarterly Medicaid PDPM:			1.7950	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.57	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.8318	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,530,487	\$3,231,288	\$0	\$646,498	\$542,524	\$0	\$1,096,500		\$2,013,677	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$347,584)	\$0	\$0	\$0	\$0	\$0	(\$307,187)		(\$40,397)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$182,212		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$40,397
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,405,512	\$3,231,288	\$0	\$646,498	\$542,524	\$0	\$789,313	\$182,212	\$1,973,280	\$40,397
8	Total Nursing Facility Days As Filed Days = 38,064	FY22 Audited C/R Days	38,064									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,064	FY22 GL-PL Ins Rpt Days								38,064		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$194.55	\$84.89	\$0.00	\$16.98	\$14.25	(with L&H)	\$20.74	\$4.79	\$51.84	\$1.06
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.7234								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$49.26								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$49.26	\$0.00	\$16.98	\$14.25		\$20.74	\$4.79	\$51.84	\$1.06
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.68	\$49.26	\$0.00	\$16.98	\$14.25		\$20.74	\$4.79	10.60 (FRV)	\$1.06
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	\$117.68	\$49.26	\$0.00	\$16.98	\$14.25	\$0.00	\$20.74	\$4.79	\$10.60	\$1.06
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.8318								
18	Qtrtrly Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$90.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.65	\$90.23	\$0.00	\$16.98	\$14.25	\$0.00	\$20.74	\$4.79	\$10.60	\$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 = <u>5.5%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$4.96	\$4.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
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	\$25.39	\$7.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$184.04	\$97.52	\$0.00	\$17.20	\$14.66	\$0.00	\$38.21	\$4.79	\$10.60	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HIGH SHOALS 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: 00212814A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3632	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.14%	2.5%	Quarterly Medicaid PDPM:			1.3097	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.19	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3363	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,376,696	\$2,641,069	\$0	\$572,511	\$678,962	\$0	\$1,220,638		\$263,516	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$167,876)	(\$1,733)	\$0	\$0	(\$3,696)	(\$8,385)	(\$131,034)		(\$23,028)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$22,618
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,309,438	\$2,639,336	\$0	\$572,511	\$675,266	(\$8,385)	\$1,089,604	\$78,000	\$240,488	\$22,618
8	Total Nursing Facility Days As Filed Days = 25,160	FY22 Audited C/R Days	25,160									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,160	FY22 GL-PL Ins Rpt Days								25,160		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.03	\$104.90	\$0.00	\$22.75	\$26.51	(with L&H)	\$43.31	\$3.10	\$9.56	\$0.90
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3632</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.95								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.95	\$0.00	\$22.75	\$26.51		\$43.31	\$3.10	\$9.56	\$0.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.88	\$76.95	\$0.00	\$22.75	\$26.51		\$38.83	\$3.10	18.84 (FRV)	\$0.90
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	\$187.88	\$76.95	\$0.00	\$22.75	\$26.51	\$0.00	\$38.83	\$3.10	\$18.84	\$0.90
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3363</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$102.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.76	\$102.83	\$0.00	\$22.75	\$26.51	\$0.00	\$38.83	\$3.10	\$18.84	\$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)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.14	\$5.14								
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	\$25.97	\$8.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$239.73	\$111.07	\$0.00	\$22.97	\$26.92	\$0.00	\$55.93	\$3.10	\$18.84	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.97									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2461	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.89%	1.0%	Quarterly Medicaid PDPM:			1.4444	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.22	5.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.4737	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,773,195	\$4,042,099	\$0	\$586,071	\$762,900	\$0	\$1,215,444		\$166,681	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$483,507)	(\$25,993)	\$0	\$0	\$0	\$0	(\$413,588)		(\$43,926)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,396		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$31,884
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,746,968	\$4,016,106	\$0	\$586,071	\$762,900	\$0	\$801,856	\$425,396	\$122,755	\$31,884
8	Total Nursing Facility Days As Filed Days = 34,926	FY22 Audited C/R Days	34,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,926	FY22 GL-PL Ins Rpt Days								34,926		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.17	\$114.99	\$0.00	\$16.78	\$21.84	(with L&H)	\$22.96	\$12.18	\$3.51	\$0.91
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2461</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.28	\$0.00	\$16.78	\$21.84		\$22.96	\$12.18	\$3.51	\$0.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.34	\$92.28	\$0.00	\$16.78	\$21.84		\$22.96	\$12.18	10.39 (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	\$177.34	\$92.28	\$0.00	\$16.78	\$21.84	\$0.00	\$22.96	\$12.18	\$10.39	\$0.91
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4737</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.05	\$135.99	\$0.00	\$16.78	\$21.84	\$0.00	\$22.96	\$12.18	\$10.39	\$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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (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	\$26.79	\$8.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$247.84	\$144.68	\$0.00	\$17.00	\$22.25	\$0.00	\$40.43	\$12.18	\$10.39	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.06									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - EVANS, 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: 00219359A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3324	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.67%	2.5%	Quarterly Medicaid PDPM:			1.5699	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.18	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6025	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,436,149	\$5,572,115	\$0	\$1,074,586	\$1,063,659	\$0	\$1,329,718		\$396,071	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$883,639)	(\$2,365)	\$0	\$1,642	\$809	\$8,094	(\$877,306)		(\$14,513)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$174,205		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,561
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,741,276	\$5,569,750	\$0	\$1,076,228	\$1,064,468	\$8,094	\$452,412	\$174,205	\$381,558	\$14,561
8	Total Nursing Facility Days As Filed Days = 39,223	FY22 Audited C/R Days	39,224									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,223	FY22 GL-PL Ins Rpt Days								39,224		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.85	\$142.00	\$0.00	\$27.44	\$27.34	(with L&H)	\$11.53	\$4.44	\$9.73	\$0.37
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3324</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.57	\$0.00	\$27.44	\$27.34		\$11.53	\$4.44	\$9.73	\$0.37
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.97	\$106.57	\$0.00	\$27.44	\$27.34		\$11.53	\$4.44	18.28 (FRV)	\$0.37
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	\$195.97	\$106.57	\$0.00	\$27.44	\$27.34	\$0.00	\$11.53	\$4.44	\$18.28	\$0.37
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6025</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$170.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.18	\$170.78	\$0.00	\$27.44	\$27.34	\$0.00	\$11.53	\$4.44	\$18.28	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$4.27	\$4.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$28.02	\$9.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$288.20	\$180.70	\$0.00	\$27.66	\$27.75	\$0.00	\$29.00	\$4.44	\$18.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.33									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: COMER 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: 00220448A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2662	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.92%	2.5%	Quarterly Medicaid PDPM:			1.3459	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.50	7.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3721	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,535,917	\$2,788,078	\$0	\$632,778	\$614,479	\$0	\$1,281,737		\$218,845	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$213,000)	\$0	\$0	\$0	\$0	(\$1)	(\$200,149)		(\$12,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$90,480		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$12,849
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,426,246	\$2,788,078	\$0	\$632,778	\$614,479	(\$1)	\$1,081,588	\$90,480	\$205,995	\$12,849
8	Total Nursing Facility Days As Filed Days = 27,284	FY22 Audited C/R Days	27,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,284	FY22 GL-PL Ins Rpt Days								27,284		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.88	\$102.19	\$0.00	\$23.19	\$22.52	(with L&H)	\$39.64	\$3.32	\$7.55	\$0.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2662</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.71	\$0.00	\$23.19	\$22.52		\$39.64	\$3.32	\$7.55	\$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.65	\$80.71	\$0.00	\$23.19	\$22.52		\$38.83	\$3.32	13.61 (FRV)	\$0.47
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	\$182.65	\$80.71	\$0.00	\$23.19	\$22.52	\$0.00	\$38.83	\$3.32	\$13.61	\$0.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3721</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.68	\$110.74	\$0.00	\$23.19	\$22.52	\$0.00	\$38.83	\$3.32	\$13.61	\$0.47
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$2.77	\$2.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.75	\$7.75								
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	\$28.78	\$11.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$241.46	\$121.79	\$0.00	\$23.41	\$22.93	\$0.00	\$55.93	\$3.32	\$13.61	\$0.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.27									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: GLENWOOD HEALTH CENTER BY HARBORVIEW Prvdr ID: 00220514A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 25.9% Nurse Hours per On-Site Day/Quality Incentive: 2.96		Facility Score N/A	Add-on Percent 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.3835 Quarterly Medicaid PDPM: 1.7887 Qtrly Mcaid PDPM w RUG Wght Options: 1.8249			Facility Specific 1.3835 1.7887 1.8249	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FOUNTAIN BLUE REHAB AND 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: 00222582A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3614	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.13%	2.5%	Quarterly Medicaid PDPM:			1.4430	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.28	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4719	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,344,979	\$2,833,278	\$0	\$455,068	\$510,106	\$0	\$937,822		\$608,705	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$236,790)	\$0	\$0	\$0	\$0	\$0	(\$176,442)		(\$60,348)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$169,620		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$60,348
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,338,157	\$2,833,278	\$0	\$455,068	\$510,106	\$0	\$761,380	\$169,620	\$548,357	\$60,348
8	Total Nursing Facility Days As Filed Days = 24,058	FY22 Audited C/R Days	24,058									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,058	FY22 GL-PL Ins Rpt Days								24,058		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.89	\$117.77	\$0.00	\$18.92	\$21.20	(with L&H)	\$31.65	\$7.05	\$22.79	\$2.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3614</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.51								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.51	\$0.00	\$18.92	\$21.20		\$31.65	\$7.05	\$22.79	\$2.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.00	\$86.51	\$0.00	\$18.92	\$21.20		\$31.65	\$7.05	10.16 (FRV)	\$2.51
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	\$178.00	\$86.51	\$0.00	\$18.92	\$21.20	\$0.00	\$31.65	\$7.05	\$10.16	\$2.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4719</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.82	\$127.33	\$0.00	\$18.92	\$21.20	\$0.00	\$31.65	\$7.05	\$10.16	\$2.51
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.63	\$7.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$244.45	\$134.86	\$0.00	\$19.14	\$21.61	\$0.00	\$49.12	\$7.05	\$10.16	\$2.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.51									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EATONTON HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00223473A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3166	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	25.49%	1.0%	Quarterly Medicaid PDPM:			1.2292	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.72	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.2537	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,949,083	\$2,415,177	\$0	\$506,632	\$680,923	\$0	\$927,643		\$418,708	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$126,450)	(\$8,125)	\$0	\$0	\$0	\$0	(\$92,129)		(\$26,196)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$81,120		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,385
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,933,138	\$2,407,052	\$0	\$506,632	\$680,923	\$0	\$835,514	\$81,120	\$392,512	\$29,385
8	Total Nursing Facility Days As Filed Days = 20,912	FY22 Audited C/R Days	20,956									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,912	FY22 GL-PL Ins Rpt Days								20,956		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.40	\$114.86	\$0.00	\$24.18	\$32.49	(with L&H)	\$39.87	\$3.87	\$18.73	\$1.40
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3166</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.24	\$0.00	\$24.18	\$32.49		\$39.87	\$3.87	\$18.73	\$1.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.41	\$87.24	\$0.00	\$24.18	\$32.49		\$38.83	\$3.87	12.40 (FRV)	\$1.40
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	\$200.41	\$87.24	\$0.00	\$24.18	\$32.49	\$0.00	\$38.83	\$3.87	\$12.40	\$1.40
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2537</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$109.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.54	\$109.37	\$0.00	\$24.18	\$32.49	\$0.00	\$38.83	\$3.87	\$12.40	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.37	\$4.37								
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	\$23.72	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.26	\$115.36	\$0.00	\$24.40	\$32.90	\$0.00	\$55.93	\$3.87	\$12.40	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.87									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3833	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.74%	1.0%	Quarterly Medicaid PDPM:			1.5295	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.93	2.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5614	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,886,921	\$5,813,945	\$0	\$797,350	\$641,237	\$0	\$1,304,241		\$1,330,148	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$71,249)	(\$241,660)	\$0	(\$9,441)	\$0	\$19,518	\$209,448		(\$49,114)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$22,135		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,114
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,886,921	\$5,572,285	\$0	\$787,909	\$641,237	\$19,518	\$1,513,689	\$22,135	\$1,281,034	\$49,114
8	Total Nursing Facility Days As Filed Days = 37,780	FY22 Audited C/R Days	37,780									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,780	FY22 GL-PL Ins Rpt Days								37,780		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$261.71	\$147.49	\$0.00	\$20.86	\$17.49	(with L&H)	\$40.07	\$0.59	\$33.91	\$1.30
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3833</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$106.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.62	\$0.00	\$20.86	\$17.49		\$40.07	\$0.59	\$33.91	\$1.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.57	\$106.62	\$0.00	\$20.86	\$17.49		\$38.83	\$0.59	9.88 (FRV)	\$1.30
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	\$195.57	\$106.62	\$0.00	\$20.86	\$17.49	\$0.00	\$38.83	\$0.59	\$9.88	\$1.30
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5614</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$166.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.43	\$166.48	\$0.00	\$20.86	\$17.49	\$0.00	\$38.83	\$0.59	\$9.88	\$1.30
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.66	\$1.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	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	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$278.68	\$172.00	\$0.00	\$21.08	\$17.90	\$0.00	\$55.93	\$0.59	\$9.88	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.19									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EAST COBB 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: 00236211A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4010	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		2.78%	0.0%	Quarterly Medicaid PDPM:			1.5706	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6033	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,632,870	\$6,301,395	\$0	\$963,790	\$776,522	\$0	\$2,327,081		\$264,082	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$607,501)	(\$12,956)	\$0	\$0	(\$4)	\$0	(\$538,071)		(\$56,470)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$126,659		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,046
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,216,074	\$6,288,439	\$0	\$963,790	\$776,518	\$0	\$1,789,010	\$126,659	\$207,612	\$64,046
8	Total Nursing Facility Days As Filed Days = 38,874	FY22 Audited C/R Days	38,874									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,874	FY22 GL-PL Ins Rpt Days								38,874		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.80	\$161.76	\$0.00	\$24.79	\$19.98	(with L&H)	\$46.02	\$3.26	\$5.34	\$1.65
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4010</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$115.46								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.46	\$0.00	\$24.79	\$19.98		\$46.02	\$3.26	\$5.34	\$1.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.92	\$115.46	\$0.00	\$24.79	\$19.98		\$38.83	\$3.26	11.95 (FRV)	\$1.65
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	\$215.92	\$115.46	\$0.00	\$24.79	\$19.98	\$0.00	\$38.83	\$3.26	\$11.95	\$1.65
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6033</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$185.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$285.58	\$185.12	\$0.00	\$24.79	\$19.98	\$0.00	\$38.83	\$3.26	\$11.95	\$1.65
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.81	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.39	\$191.20	\$0.00	\$25.01	\$20.39	\$0.00	\$55.93	\$3.26	\$11.95	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.22									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - SAVANNAH				<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: 00238323A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6301	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.25%	2.5%	Quarterly Medicaid PDPM:			1.3830	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.51	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4111	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,838,062	\$5,591,394	\$0	\$693,794	\$908,261	\$0	\$1,462,888		\$1,181,725	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$618,497)	(\$85,369)	\$0	\$0	\$1,451	\$1,123	(\$370,885)		(\$164,817)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,395		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$158,198
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,803,158	\$5,506,025	\$0	\$693,794	\$909,712	\$1,123	\$1,092,003	\$425,395	\$1,016,908	\$158,198
8	Total Nursing Facility Days As Filed Days = 38,437	FY22 Audited C/R Days	38,437									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,437	FY22 GL-PL Ins Rpt Days								38,437		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$255.06	\$143.25	\$0.00	\$18.05	\$23.70	(with L&H)	\$28.41	\$11.07	\$26.46	\$4.12
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6301</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.88	\$0.00	\$18.05	\$23.70		\$28.41	\$11.07	\$26.46	\$4.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.19	\$87.88	\$0.00	\$18.05	\$23.70		\$28.41	\$11.07	31.96 (FRV)	\$4.12
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	\$205.19	\$87.88	\$0.00	\$18.05	\$23.70	\$0.00	\$28.41	\$11.07	\$31.96	\$4.12
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4111</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.32	\$124.01	\$0.00	\$18.05	\$23.70	\$0.00	\$28.41	\$11.07	\$31.96	\$4.12
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20								
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	\$27.93	\$9.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.25	\$133.84	\$0.00	\$18.27	\$24.11	\$0.00	\$45.88	\$11.07	\$31.96	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RESORTS AT POOLER INC				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00238741A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:				1.3511	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	45.00%	5.5%	Quarterly Medicaid PDPM:				1.3915	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	4.23	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:				1.4195	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,585,753	\$2,660,115	\$0	\$442,769	\$622,885	\$0	\$1,316,527		\$543,457	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$430,413)	(\$144,961)	\$0	\$0	(\$868)	(\$557)	(\$214,946)		(\$69,081)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$212,563		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$68,923
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,436,826	\$2,515,154	\$0	\$442,769	\$622,017	(\$557)	\$1,101,581	\$212,563	\$474,376	\$68,923
8	Total Nursing Facility Days As Filed Days = 27,914	FY22 Audited C/R Days	27,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,914	FY22 GL-PL Ins Rpt Days								27,914		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.75	\$90.10	\$0.00	\$15.86	\$22.26	(with L&H)	\$39.46	\$7.61	\$16.99	\$2.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3511</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.69	\$0.00	\$15.86	\$22.26		\$39.46	\$7.61	\$16.99	\$2.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.60	\$66.69	\$0.00	\$15.86	\$22.26		\$38.83	\$7.61	8.88 (FRV)	\$2.47
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	\$162.60	\$66.69	\$0.00	\$15.86	\$22.26	\$0.00	\$38.83	\$7.61	\$8.88	\$2.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4195</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$94.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.58	\$94.67	\$0.00	\$15.86	\$22.26	\$0.00	\$38.83	\$7.61	\$8.88	\$2.47
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2.84								
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	\$26.31	\$8.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$216.89	\$103.25	\$0.00	\$16.08	\$22.67	\$0.00	\$55.93	\$7.61	\$8.88	\$2.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.84									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: HARBORVIEW HEALTH CENTER OF AUGUSTA				<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: 00241678A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.4450	1.4040	
H/B ?: NO				Case Mix Per Diem Rate Effective Date: 04/01/25		BIMS	31.0%	2.5%	Quarterly Medicaid PDPM:			1.8648	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.66	2.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.9033	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021			FY2021 C/R -FY 2021 GL-PL Rpt	3,550,063		584,835	514,913	5,036	1,290,458	221,572	1,807,758	61,483	
Inflation (July 2022) @ 5.90%				209,454		34,505	30,677		76,137			3,627	
Patient Days			FY 2021 Cost Rpt	28,524		28,524	28,524		28,524	28,524	28,524	28,524	
Total Nursing Facility Days GL-PL Ins. Rpt			FY 21 GL-PL Ins Rpt Days										
Inflated NHC/ Patient Days				131.80		21.71	19.30		47.91	7.77	63.38	2.28	
Base Period Facility PDPM for all Residents				<u>1.4450</u>									
Routine Services PDPM Adjusted Net Per Diem				\$91.21									
Net Per Diems After PDPM Adjustments				\$253.57	\$91.21	\$21.71	\$19.30		\$47.91	\$7.77	\$63.38	2.28	
Per Diem Standards					\$117.25	\$30.35	\$33.22		\$38.83				
Base Period PDPM Adjusted Allowed Per Diem				\$193.06	\$91.21	\$21.71	\$19.30		\$38.83	\$7.77	11.95	2.28	
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)		
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
PDPMA Allowed Per Diem After Growth Allowance				\$193.05	\$91.21	\$21.71	\$19.30		\$38.83	\$7.77	\$11.95	\$2.28	
Quarterly Facility PDPM for Medicaid Residents													
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$173.60								
Quarterly Medicaid PDPMA Allowed Per Diem				\$275.44	\$173.60	\$21.71	\$19.30		\$38.83	\$7.77	\$11.95	\$2.28	
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$1.16	\$0.53	\$0.22	\$0.41		\$0.00				
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)				\$4.34	4.34								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%				\$3.47	3.47								
Nursing Home Provider Fee				\$ 17.10					\$ 17.10				
Total Quarterly Per Diem Add-On Amounts				\$26.07									
Quarterly PDPM Based Per Diem Rate				\$301.51	\$181.94	\$21.93	\$19.71		\$55.93	\$7.77	\$11.95	\$2.28	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$213.31										

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - AUGUSTA HILLS				<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: 00245055A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4600	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		19.44%	0.0%	Quarterly Medicaid PDPM:			1.4551	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.37	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4842	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,551,645	\$3,573,506	\$0	\$640,032	\$767,213	\$0	\$1,289,890		\$281,004	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$518,993)	(\$72,368)	\$0	\$0	\$0	\$107	(\$389,190)		(\$57,542)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$446,664		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$47,744
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,527,060	\$3,501,138	\$0	\$640,032	\$767,213	\$107	\$900,700	\$446,664	\$223,462	\$47,744
8	Total Nursing Facility Days As Filed Days = 27,950	FY22 Audited C/R Days	27,950									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,950	FY22 GL-PL Ins Rpt Days								27,950		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.53	\$125.26	\$0.00	\$22.90	\$27.45	(with L&H)	\$32.23	\$15.98	\$8.00	\$1.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4600</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$85.79								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.79	\$0.00	\$22.90	\$27.45		\$32.23	\$15.98	\$8.00	\$1.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.52	\$85.79	\$0.00	\$22.90	\$27.45		\$32.23	\$15.98	9.46 (FRV)	\$1.71
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	\$195.52	\$85.79	\$0.00	\$22.90	\$27.45	\$0.00	\$32.23	\$15.98	\$9.46	\$1.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4842</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.06	\$127.33	\$0.00	\$22.90	\$27.45	\$0.00	\$32.23	\$15.98	\$9.46	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (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	\$25.00	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.06	\$134.23	\$0.00	\$23.12	\$27.86	\$0.00	\$49.70	\$15.98	\$9.46	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.72									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - MAGNOLIA 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: 00252007A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5663	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		12.50%	0.0%	Quarterly Medicaid PDPM:			1.5030	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.77	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5341	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,807,112	\$3,535,919	\$0	\$478,436	\$823,078	\$0	\$1,326,522		\$643,157	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$439,537)	(\$67,894)	\$0	\$2,040	\$0	\$0	(\$305,843)		(\$67,840)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,496		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$64,160
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,786,231	\$3,468,025	\$0	\$480,476	\$823,078	\$0	\$1,020,679	\$354,496	\$575,317	\$64,160
8	Total Nursing Facility Days As Filed Days = 30,522	FY22 Audited C/R Days	30,522									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,522	FY22 GL-PL Ins Rpt Days								30,522		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.33	\$113.62	\$0.00	\$15.74	\$26.97	(with L&H)	\$33.44	\$11.61	\$18.85	\$2.10
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5663</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.54	\$0.00	\$15.74	\$26.97		\$33.44	\$11.61	\$18.85	\$2.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.41	\$72.54	\$0.00	\$15.74	\$26.97		\$33.44	\$11.61	30.01 (FRV)	\$2.10
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	\$192.41	\$72.54	\$0.00	\$15.74	\$26.97	\$0.00	\$33.44	\$11.61	\$30.01	\$2.10
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5341</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.15	\$111.28	\$0.00	\$15.74	\$26.97	\$0.00	\$33.44	\$11.61	\$30.01	\$2.10
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>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.56	\$5.56								
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	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$255.34	\$117.37	\$0.00	\$15.96	\$27.38	\$0.00	\$50.91	\$11.61	\$30.01	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.68									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3714	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.79%	2.5%	Quarterly Medicaid PDPM:			1.4530	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.53	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4829	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,559,058	\$4,886,717	\$0	\$727,010	\$919,431	\$0	\$1,990,240		\$1,035,660	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$849,576)	(\$106,810)	\$0	\$1,278	(\$7,529)	(\$9,561)	(\$506,245)		(\$220,709)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$517,563		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$97,136
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,324,181	\$4,779,907	\$0	\$728,288	\$911,902	(\$9,561)	\$1,483,995	\$517,563	\$814,951	\$97,136
8	Total Nursing Facility Days As Filed Days = 39,684	FY22 Audited C/R Days	39,684									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,684	FY22 GL-PL Ins Rpt Days								39,684		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.97	\$120.45	\$0.00	\$18.35	\$22.74	(with L&H)	\$37.40	\$13.04	\$20.54	\$2.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3714</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$0.00	\$18.35	\$22.74		\$37.40	\$13.04	\$20.54	\$2.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$87.83	\$0.00	\$18.35	\$22.74		\$37.40	\$13.04	17.03 (FRV)	\$2.45
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	\$198.84	\$87.83	\$0.00	\$18.35	\$22.74	\$0.00	\$37.40	\$13.04	\$17.03	\$2.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4829</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.25	\$130.24	\$0.00	\$18.35	\$22.74	\$0.00	\$37.40	\$13.04	\$17.03	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.51	\$6.51								
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	\$28.40	\$10.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.65	\$140.54	\$0.00	\$18.57	\$23.15	\$0.00	\$54.87	\$13.04	\$17.03	\$2.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.41									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAFAYETTE				<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: 00254394A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2918	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		38.03%	2.5%	Quarterly Medicaid PDPM:			1.5285	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.46	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5600	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,876,684	\$2,438,694	\$0	\$449,865	\$563,938	\$0	\$1,017,512		\$406,675	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$375,390)	(\$59,966)	\$0	\$0	(\$2,868)	(\$4,089)	(\$306,811)		(\$1,656)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$354,497		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$0
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,855,791	\$2,378,728	\$0	\$449,865	\$561,070	(\$4,089)	\$710,701	\$354,497	\$405,019	\$0
8	Total Nursing Facility Days As Filed Days = 23,872	FY22 Audited C/R Days	23,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,872	FY22 GL-PL Ins Rpt Days								23,872		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.41	\$99.65	\$0.00	\$18.84	\$23.33	(with L&H)	\$29.77	\$14.85	\$16.97	\$0.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2918</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.14	\$0.00	\$18.84	\$23.33		\$29.77	\$14.85	\$16.97	\$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.07	\$77.14	\$0.00	\$18.84	\$23.33		\$29.77	\$14.85	10.14 (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	\$174.07	\$77.14	\$0.00	\$18.84	\$23.33	\$0.00	\$29.77	\$14.85	\$10.14	\$0.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5600</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$120.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.27	\$120.34	\$0.00	\$18.84	\$23.33	\$0.00	\$29.77	\$14.85	\$10.14	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.81	\$4.81								
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	\$26.45	\$8.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$243.72	\$128.69	\$0.00	\$19.06	\$23.74	\$0.00	\$47.24	\$14.85	\$10.14	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.97									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - WEST ATLANTA				<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: 00256088A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5511	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		18.56%	0.0%	Quarterly Medicaid PDPM:			1.5276	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.84	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5585	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,798,990	\$3,899,414	\$0	\$506,636	\$907,748	\$0	\$1,254,573		\$230,619	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$508,860)	(\$31,400)	\$0	\$0	(\$1,330)	(\$2,203)	(\$415,859)		(\$58,068)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$425,396		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$53,161
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,768,687	\$3,868,014	\$0	\$506,636	\$906,418	(\$2,203)	\$838,714	\$425,396	\$172,551	\$53,161
8	Total Nursing Facility Days As Filed Days = 31,688	FY22 Audited C/R Days	31,688									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,688	FY22 GL-PL Ins Rpt Days								31,688		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.61	\$122.07	\$0.00	\$15.99	\$28.53	(with L&H)	\$26.47	\$13.42	\$5.45	\$1.68
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5511</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.70	\$0.00	\$15.99	\$28.53		\$26.47	\$13.42	\$5.45	\$1.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.87	\$78.70	\$0.00	\$15.99	\$28.53		\$26.47	\$13.42	13.08 (FRV)	\$1.68
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	\$177.87	\$78.70	\$0.00	\$15.99	\$28.53	\$0.00	\$26.47	\$13.42	\$13.08	\$1.68
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5585</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$122.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.82	\$122.65	\$0.00	\$15.99	\$28.53	\$0.00	\$26.47	\$13.42	\$13.08	\$1.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.13	\$6.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.76	\$6.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$246.58	\$129.31	\$0.00	\$16.21	\$28.94	\$0.00	\$43.94	\$13.42	\$13.08	\$1.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.11									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BAINBRIDGE HEALTH 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: 00258915A				PDPM Per Diem Rate Effective Date: 4/1/2025		Growth Allowance: N/A	0.00%	Base Period Overall PDPMCMI: 1.4814			1.4040	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive: 2.27		Qtrly BIMS score 30.30%	2.5%	Quarterly Medicaid PDPM: 1.5406			1.4519	
							3.0%	Qtrly Mcaid PDPM w RUG Wght Options: 1.5718			1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Svcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$5,433,453	\$2,135,334	\$0	\$387,680	\$487,020	\$0	\$1,431,201		\$992,218	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$90,689)	(\$11,945)	\$0	(\$954)	(\$528)	(\$1,436)	(\$47,616)		(\$28,210)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$8,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,152
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,378,951	\$2,123,389	\$0	\$386,726	\$486,492	(\$1,436)	\$1,383,585	\$8,035	\$964,008	\$28,152
8	Total Nursing Facility Days As Filed Days = 26,362	FY22 Audited C/R Days	26,362									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,362	FY22 GL-PL Ins Rpt Days								26,362		
9	Net Per Diems prior to PDPM Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.04	\$80.55	\$0.00	\$14.67	\$18.40	(with L&H)	\$52.48	\$0.30	\$36.57	\$1.07
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4814								
11	Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$54.37								
12	Net Per Diems after PDPM Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.37	\$0.00	\$14.67	\$18.40		\$52.48	\$0.30	\$36.57	\$1.07
13	Per Diem Standards (After Statewide PDPM for Routine Svcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.53	\$54.37	\$0.00	\$14.67	\$18.40		\$38.83	\$0.30	9.89 (FRV)	\$1.07
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	\$137.53	\$54.37	\$0.00	\$14.67	\$18.40	\$0.00	\$38.83	\$0.30	\$9.89	\$1.07
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.5718								
18	Qtrly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$85.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.62	\$85.46	\$0.00	\$14.67	\$18.40	\$0.00	\$38.83	\$0.30	\$9.89	\$1.07
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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$22.96	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$191.58	\$90.69	\$0.00	\$14.89	\$18.81	\$0.00	\$55.93	\$0.30	\$9.89	\$1.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.86									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - COVINGTON				<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: 00265196A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3646	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		33.33%	2.5%	Quarterly Medicaid PDPM:			1.6063	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.41	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6400	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,093,544	\$2,741,611	\$0	\$419,647	\$496,190	\$0	\$1,006,634		\$429,462	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$282,853)	(\$19,951)	\$0	\$0	\$0	\$90	(\$238,618)		(\$24,374)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$252,045		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$2,933
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,065,669	\$2,721,660	\$0	\$419,647	\$496,190	\$90	\$768,016	\$252,045	\$405,088	\$2,933
8	Total Nursing Facility Days As Filed Days = 23,619	FY22 Audited C/R Days	23,619									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,619	FY22 GL-PL Ins Rpt Days								23,619		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.47	\$115.23	\$0.00	\$17.77	\$21.01	(with L&H)	\$32.52	\$10.67	\$17.15	\$0.12
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3646</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$17.77	\$21.01		\$32.52	\$10.67	\$17.15	\$0.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.56	\$84.44	\$0.00	\$17.77	\$21.01		\$32.52	\$10.67	11.03 (FRV)	\$0.12
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	\$84.44	\$0.00	\$17.77	\$21.01	\$0.00	\$32.52	\$10.67	\$11.03	\$0.12
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6400</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$138.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.60	\$138.48	\$0.00	\$17.77	\$21.01	\$0.00	\$32.52	\$10.67	\$11.03	\$0.12
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.31	\$8.31								
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	\$30.40	\$12.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$262.00	\$150.78	\$0.00	\$17.99	\$21.42	\$0.00	\$49.99	\$10.67	\$11.03	\$0.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.68									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: LAGRANGE HEALTH AND REHAB Prvdr ID: 00270245A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 20.5% Nurse Hours per On-Site Day/Quality Incentive: 3.03		Facility Score N/A 20.5% 3.03	Add-on Percent 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4774 Quarterly Medicaid PDPM: 1.4319 Qtrly Mcaid PDPM w RUG Wght Options: 1.4613			Facility Specific 1.4774 1.4319 1.4613	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM 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: LUMBER CITY HEALTH AND REHAB Prvdr ID: 00270256A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 37.7% MDS & Nurse Hrs Data per Quarter Ending: 12/31/24		Facility Score N/A 3.22	Add-on Percent 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.3185 Quarterly Medicaid PDPM: 1.3091 Qtrly Mcaid PDPM w RUG Wght Options: 1.3349			Facility Specific 1.3185 1.3091 1.3349	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WILLOWWOOD HEALTHCARE 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: 00271829A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3521	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.87%	1.0%	Quarterly Medicaid PDPM:			1.6158	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.48	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6496	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,650,019	\$3,770,294	\$0	\$506,984	\$488,931	\$0	\$1,039,476		\$844,334	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$216,884)	\$5,100	\$0	\$0	(\$1,081)	(\$1,107)	(\$181,233)		(\$38,563)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$161,099		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$38,390
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,632,624	\$3,775,394	\$0	\$506,984	\$487,850	(\$1,107)	\$858,243	\$161,099	\$805,771	\$38,390
8	Total Nursing Facility Days As Filed Days = 32,240	FY22 Audited C/R Days	32,240									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,240	FY22 GL-PL Ins Rpt Days								32,240		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.73	\$117.10	\$0.00	\$15.73	\$15.10	(with L&H)	\$26.62	\$5.00	\$24.99	\$1.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3521</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.61	\$0.00	\$15.73	\$15.10		\$26.62	\$5.00	\$24.99	\$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.53	\$86.61	\$0.00	\$15.73	\$15.10		\$26.62	\$5.00	9.28 (FRV)	\$1.19
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	\$159.53	\$86.61	\$0.00	\$15.73	\$15.10	\$0.00	\$26.62	\$5.00	\$9.28	\$1.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6496</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$142.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.79	\$142.87	\$0.00	\$15.73	\$15.10	\$0.00	\$26.62	\$5.00	\$9.28	\$1.19
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.43	\$1.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	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	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$238.71	\$147.69	\$0.00	\$15.95	\$15.51	\$0.00	\$44.09	\$5.00	\$9.28	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4345	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		32.92%	2.5%	Quarterly Medicaid PDPM:			1.3901	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.66	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4175	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$24,580,414	\$13,438,488	\$0	\$2,695,881	\$2,513,142	\$909,795	\$3,812,869		\$1,210,239	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$1,261,356)	(\$947,259)	\$0	\$0	(\$14,895)	(\$5,391)	(\$288,936)		(\$4,875)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$4,846
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$23,323,904	\$12,491,229	\$0	\$2,695,881	\$2,498,247	\$904,404	\$3,523,933	\$0	\$1,205,364	\$4,846
8	Total Nursing Facility Days As Filed Days = 99,342	FY22 Audited C/R Days	97,996									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 99,342	FY22 GL-PL Ins Rpt Days								97,996		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.01	\$127.47	\$0.00	\$27.51	\$34.72	(with L&H)	\$35.96	\$0.00	\$12.30	\$0.05
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4345</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.86	\$0.00	\$27.51	\$34.72		\$35.96	\$0.00	\$12.30	\$0.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.60	\$88.86	\$0.00	\$27.51	\$33.22		\$35.96	\$0.00	12.00 (FRV)	\$0.05
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	\$197.60	\$88.86	\$0.00	\$27.51	\$33.22	\$0.00	\$35.96	\$0.00	\$12.00	\$0.05
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4175</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$125.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.70	\$125.96	\$0.00	\$27.51	\$33.22	\$0.00	\$35.96	\$0.00	\$12.00	\$0.05
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>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.15	\$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
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	\$8.05	\$7.46	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$242.75	\$133.42	\$0.00	\$27.73	\$33.22	\$0.00	\$36.33	\$0.00	\$12.00	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.06									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5014	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	44.12%	2.5%	Quarterly Medicaid PDPM:			1.6999	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	4.04	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7335	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$6,307,644	\$3,499,301	\$0	\$555,506	\$286,161	\$427,740	\$1,143,127		\$395,809	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$154,878)	(\$40,610)	\$0	\$0	\$0	\$0	(\$94,953)		(\$19,315)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,876		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,315
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,289,957	\$3,458,691	\$0	\$555,506	\$286,161	\$427,740	\$1,048,174	\$117,876	\$376,494	\$19,315
8	Total Nursing Facility Days As Filed Days = 19,282	FY22 Audited C/R Days	19,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,282	FY22 GL-PL Ins Rpt Days								19,282		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$326.20	\$179.37	\$0.00	\$28.81	\$37.02	(with L&H)	\$54.36	\$6.11	\$19.53	\$1.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5014</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$119.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$119.47	\$0.00	\$28.81	\$37.02		\$54.36	\$6.11	\$19.53	\$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$239.04	\$117.25	\$0.00	\$28.81	\$33.22		\$38.83	\$6.11	13.82 (FRV)	\$1.00
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	\$239.04	\$117.25	\$0.00	\$28.81	\$33.22	\$0.00	\$38.83	\$6.11	\$13.82	\$1.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7335</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$203.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$325.04	\$203.25	\$0.00	\$28.81	\$33.22	\$0.00	\$38.83	\$6.11	\$13.82	\$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)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10								
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	\$28.50	\$11.18	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$353.54	\$214.43	\$0.00	\$29.03	\$33.22	\$0.00	\$55.93	\$6.11	\$13.82	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$252.33									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THOMASVILLE 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: 00277604A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3239	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.48%	2.5%	Quarterly Medicaid PDPM:			1.4090	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.08	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4369	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,112,813	\$1,440,969	\$0	\$340,911	\$294,637	\$0	\$634,686		\$401,610	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$49,461)	\$0	\$0	\$0	\$0	\$0	(\$32,562)		(\$16,899)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$16,899
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,080,251	\$1,440,969	\$0	\$340,911	\$294,637	\$0	\$602,124	\$0	\$384,711	\$16,899
8	Total Nursing Facility Days As Filed Days = 13,820	FY22 Audited C/R Days	13,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,820	FY22 GL-PL Ins Rpt Days								13,820		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$222.89	\$104.27	\$0.00	\$24.67	\$21.32	(with L&H)	\$43.57	\$0.00	\$27.84	\$1.22
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3239</u>								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$78.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$78.76	\$0.00	\$24.67	\$21.32		\$43.57	\$0.00	\$27.84	\$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.51	\$78.76	\$0.00	\$24.67	\$21.32		\$38.83	\$0.00	11.71 (FRV)	\$1.22
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	\$176.51	\$78.76	\$0.00	\$24.67	\$21.32	\$0.00	\$38.83	\$0.00	\$11.71	\$1.22
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4369</u>								
18	Qtrtry Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.92	\$113.17	\$0.00	\$24.67	\$21.32	\$0.00	\$38.83	\$0.00	\$11.71	\$1.22
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 = <u>2.5%</u> (to Routine Srvc)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
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	\$24.49	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$235.41	\$119.93	\$0.00	\$24.89	\$21.73	\$0.00	\$55.93	\$0.00	\$11.71	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.73									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4822	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.58%	2.5%	Quarterly Medicaid PDPM:			1.4507	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.95	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4793	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,837,540	\$4,299,796	\$0	\$938,446	\$974,158	\$0	\$1,210,994		\$414,146	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$268,250)	(\$58,881)	\$0	\$0	\$1,780	\$5,053	(\$154,977)		(\$61,225)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,225		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$61,433
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,696,948	\$4,240,915	\$0	\$938,446	\$975,938	\$5,053	\$1,056,017	\$66,225	\$352,921	\$61,433
8	Total Nursing Facility Days As Filed Days = 34,127	FY22 Audited C/R Days	34,127									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,127	FY22 GL-PL Ins Rpt Days								34,127		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.54	\$124.27	\$0.00	\$27.50	\$28.75	(with L&H)	\$30.94	\$1.94	\$10.34	\$1.80
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4822</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.84								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.84	\$0.00	\$27.50	\$28.75		\$30.94	\$1.94	\$10.34	\$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.74	\$83.84	\$0.00	\$27.50	\$28.75		\$30.94	\$1.94	13.97 (FRV)	\$1.80
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	\$188.74	\$83.84	\$0.00	\$27.50	\$28.75	\$0.00	\$30.94	\$1.94	\$13.97	\$1.80
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4793</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.92	\$124.02	\$0.00	\$27.50	\$28.75	\$0.00	\$30.94	\$1.94	\$13.97	\$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)	\$1.53	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.45	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$254.37	\$131.37	\$0.00	\$27.72	\$29.16	\$0.00	\$48.41	\$1.94	\$13.97	\$1.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.95									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: NHC HEALTHCARE FT 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: 00344759A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2660	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.35%	1.0%	Quarterly Medicaid PDPM:			1.3425	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.70	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3698	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,694,566	\$6,812,969	\$0	\$1,029,055	\$876,344	\$0	\$1,641,481		\$334,717	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$284,173)	\$7,984	\$0	\$1,501	(\$3,432)	(\$3,262)	(\$228,986)		(\$57,978)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,525
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,467,918	\$6,820,953	\$0	\$1,030,556	\$872,912	(\$3,262)	\$1,412,495	\$0	\$276,739	\$57,525
8	Total Nursing Facility Days As Filed Days = 45,885	FY22 Audited C/R Days	45,885									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,885	FY22 GL-PL Ins Rpt Days								45,885		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.12	\$148.65	\$0.00	\$22.46	\$18.95	(with L&H)	\$30.78	\$0.00	\$6.03	\$1.25
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2660</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$117.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$117.41	\$0.00	\$22.46	\$18.95		\$30.78	\$0.00	\$6.03	\$1.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.75	\$117.25	\$0.00	\$22.46	\$18.95		\$30.78	\$0.00	13.06 (FRV)	\$1.25
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	\$203.75	\$117.25	\$0.00	\$22.46	\$18.95	\$0.00	\$30.78	\$0.00	\$13.06	\$1.25
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3698</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$160.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.11	\$160.61	\$0.00	\$22.46	\$18.95	\$0.00	\$30.78	\$0.00	\$13.06	\$1.25
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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.82	\$4.82								
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	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.64	\$167.04	\$0.00	\$22.68	\$19.36	\$0.00	\$48.25	\$0.00	\$13.06	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.91									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRESBYTERIAN VILLAGE				<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: 00362832A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4423	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		40.00%	2.5%	Quarterly Medicaid PDPM:			1.3740	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.22	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3996	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,241,381	\$4,825,272	\$0	\$863,938	\$1,054,241	\$0	\$1,807,815		\$690,115	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$156,305)	\$0	\$0	\$0	\$0	\$0	(\$131,978)		(\$24,327)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,978		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$24,327
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,241,381	\$4,825,272	\$0	\$863,938	\$1,054,241	\$0	\$1,675,837	\$131,978	\$665,788	\$24,327
8	Total Nursing Facility Days As Filed Days = 26,851	FY22 Audited C/R Days	26,851									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,851	FY22 GL-PL Ins Rpt Days								26,851		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$344.19	\$179.71	\$0.00	\$32.18	\$39.26	(with L&H)	\$62.41	\$4.92	\$24.80	\$0.91
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4423</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.60								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$32.18	\$39.26		\$62.41	\$4.92	\$24.80	\$0.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.89	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$4.92	25.41 (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	\$250.89	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$0.91
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3996</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$164.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$297.74	\$164.10	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$4.10	\$4.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92								
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	\$9.02	\$9.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$306.76	\$173.12	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$4.92	\$25.41	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$230.07									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CAMELLIA GARDENS OF LIFE CARE				<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: 00366341A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2637	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		28.26%	1.0%	Quarterly Medicaid PDPM:			1.1267	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.51	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.1496	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,194,269	\$2,992,402	\$0	\$615,073	\$518,249	\$0	\$904,828		\$163,717	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$138,641)	(\$21,684)	\$0	(\$3,713)	(\$1,786)	\$2,765	(\$68,118)		(\$46,105)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$85,883		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,796
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,187,307	\$2,970,718	\$0	\$611,360	\$516,463	\$2,765	\$836,710	\$85,883	\$117,612	\$45,796
8	Total Nursing Facility Days As Filed Days = 25,009	FY22 Audited C/R Days	25,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,009	FY22 GL-PL Ins Rpt Days								25,009		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.42	\$118.79	\$0.00	\$24.45	\$20.76	(with L&H)	\$33.46	\$3.43	\$4.70	\$1.83
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2637</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.00	\$0.00	\$24.45	\$20.76		\$33.46	\$3.43	\$4.70	\$1.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.73	\$94.00	\$0.00	\$24.45	\$20.76		\$33.46	\$3.43	10.80 (FRV)	\$1.83
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	\$188.73	\$94.00	\$0.00	\$24.45	\$20.76	\$0.00	\$33.46	\$3.43	\$10.80	\$1.83
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1496</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.79	\$108.06	\$0.00	\$24.45	\$20.76	\$0.00	\$33.46	\$3.43	\$10.80	\$1.83
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.40	\$5.40								
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	\$25.11	\$7.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$227.90	\$115.07	\$0.00	\$24.67	\$21.17	\$0.00	\$50.93	\$3.43	\$10.80	\$1.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.10									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: QUIET OAKS 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: 00370851A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5383	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		54.72%	5.5%	Quarterly Medicaid PDPM:			2.0683	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.47	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			2.1104	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,147,960	\$2,308,684	\$0	\$484,896	\$607,351	\$0	\$667,837		\$79,192	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$172,719)	(\$1,951)	\$0	\$1,598	\$810	\$716	(\$124,128)		(\$49,764)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$111,488		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$49,889
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,136,618	\$2,306,733	\$0	\$486,494	\$608,161	\$716	\$543,709	\$111,488	\$29,428	\$49,889
8	Total Nursing Facility Days As Filed Days = 20,672	FY22 Audited C/R Days	20,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,672	FY22 GL-PL Ins Rpt Days								20,672		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.09	\$111.59	\$0.00	\$23.53	\$29.45	(with L&H)	\$26.30	\$5.39	\$1.42	\$2.41
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5383</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.54	\$0.00	\$23.53	\$29.45		\$26.30	\$5.39	\$1.42	\$2.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.50	\$72.54	\$0.00	\$23.53	\$29.45		\$26.30	\$5.39	12.88 (FRV)	\$2.41
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	\$172.50	\$72.54	\$0.00	\$23.53	\$29.45	\$0.00	\$26.30	\$5.39	\$12.88	\$2.41
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>2.1104</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$153.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$253.05	\$153.09	\$0.00	\$23.53	\$29.45	\$0.00	\$26.30	\$5.39	\$12.88	\$2.41
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.42	\$8.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.65	\$7.65								
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	\$34.70	\$16.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$287.75	\$169.69	\$0.00	\$23.75	\$29.86	\$0.00	\$43.77	\$5.39	\$12.88	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.99									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: WESTWOOD HEALTHCARE 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: 00370862A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4147	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.53%	1.0%	Quarterly Medicaid PDPM:			1.4233	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.06	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4510	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,695,800	\$2,020,289	\$0	\$330,493	\$255,823	\$0	\$759,722		\$329,473	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$146,364)	\$0	\$0	\$0	\$0	\$0	(\$109,929)		(\$36,435)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$98,094		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,435
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,683,965	\$2,020,289	\$0	\$330,493	\$255,823	\$0	\$649,793	\$98,094	\$293,038	\$36,435
8	Total Nursing Facility Days As Filed Days = 19,416	FY22 Audited C/R Days	19,416									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,416	FY22 GL-PL Ins Rpt Days								19,416		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.74	\$104.05	\$0.00	\$17.02	\$13.18	(with L&H)	\$33.47	\$5.05	\$15.09	\$1.88
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4147</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$73.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.55	\$0.00	\$17.02	\$13.18		\$33.47	\$5.05	\$15.09	\$1.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.59	\$73.55	\$0.00	\$17.02	\$13.18		\$33.47	\$5.05	11.44 (FRV)	\$1.88
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	\$155.59	\$73.55	\$0.00	\$17.02	\$13.18	\$0.00	\$33.47	\$5.05	\$11.44	\$1.88
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4510</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$106.72								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.76	\$106.72	\$0.00	\$17.02	\$13.18	\$0.00	\$33.47	\$5.05	\$11.44	\$1.88
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.90	\$4.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$211.66	\$111.52	\$0.00	\$17.24	\$13.59	\$0.00	\$50.94	\$5.05	\$11.44	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.92									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4006	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.68%	2.5%	Quarterly Medicaid PDPM:			1.3889	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.94	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4171	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,236,595	\$3,068,181	\$0	\$781,164	\$831,322	\$0	\$1,147,714		\$408,214	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$289,373)	(\$6,707)	\$0	(\$1,552)	\$0	(\$13,359)	(\$167,219)		(\$100,536)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$170,656		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$100,536
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,218,414	\$3,061,474	\$0	\$779,612	\$831,322	(\$13,359)	\$980,495	\$170,656	\$307,678	\$100,536
8	Total Nursing Facility Days As Filed Days = 27,052	FY22 Audited C/R Days	27,052									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,052	FY22 GL-PL Ins Rpt Days								27,052		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.87	\$113.17	\$0.00	\$28.82	\$30.24	(with L&H)	\$36.24	\$6.31	\$11.37	\$3.72
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4006								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$80.80								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.80	\$0.00	\$28.82	\$30.24		\$36.24	\$6.31	\$11.37	\$3.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.38	\$80.80	\$0.00	\$28.82	\$30.24		\$36.24	\$6.31	13.25 (FRV)	\$3.72
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	\$199.38	\$80.80	\$0.00	\$28.82	\$30.24	\$0.00	\$36.24	\$6.31	\$13.25	\$3.72
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.4171								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$114.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.08	\$114.50	\$0.00	\$28.82	\$30.24	\$0.00	\$36.24	\$6.31	\$13.25	\$3.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.73	\$5.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.22	\$9.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.30	\$123.62	\$0.00	\$29.04	\$30.65	\$0.00	\$53.71	\$6.31	\$13.25	\$3.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.40									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: DELMAR GARDENS 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: 00395161A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4144	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		10.53%	0.0%	Quarterly Medicaid PDPM:			1.4989	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.50	3.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5289	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,801,210	\$2,427,499	\$0	\$884,729	\$899,140	\$0	\$1,064,963		\$524,879	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$333,553)	(\$84,236)	\$0	\$0	(\$15,821)	(\$13,899)	(\$113,467)		(\$106,130)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$50,550		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$102,622
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,620,829	\$2,343,263	\$0	\$884,729	\$883,319	(\$13,899)	\$951,496	\$50,550	\$418,749	\$102,622
8	Total Nursing Facility Days As Filed Days = 20,836	FY22 Audited C/R Days	20,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,836	FY22 GL-PL Ins Rpt Days								20,836		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$269.78	\$112.46	\$0.00	\$42.46	\$41.73	(with L&H)	\$45.67	\$2.43	\$20.10	\$4.93
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4144</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$79.51								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.51	\$0.00	\$42.46	\$41.73		\$45.67	\$2.43	\$20.10	\$4.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.91	\$79.51	\$0.00	\$30.35	\$33.22		\$38.83	\$2.43	11.64 (FRV)	\$4.93
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	\$200.91	\$79.51	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.43	\$11.64	\$4.93
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5289</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.96	\$121.56	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.43	\$11.64	\$4.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$21.28	\$4.18	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$264.24	\$125.74	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$2.43	\$11.64	\$4.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.36									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FAYETTEVILLE CENTER FOR NURSING & 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: 00399737A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4301	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		16.47%	0.0%	Quarterly Medicaid PDPM:			1.5912	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.78	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6245	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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	<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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,646,757	\$6,590,038	\$0	\$916,397	\$871,509	\$0	\$2,009,026		\$2,259,787	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$2,484,628)	(\$103,799)	\$0	\$2,092	\$4,971	\$5,722	(\$183,330)		(\$2,210,284)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$218,719		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$120,455
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,501,303	\$6,486,239	\$0	\$918,489	\$876,480	\$5,722	\$1,825,696	\$218,719	\$49,503	\$120,455
8	Total Nursing Facility Days As Filed Days = 50,122	FY22 Audited C/R Days	50,122									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,122	FY22 GL-PL Ins Rpt Days								50,122		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.52	\$129.41	\$0.00	\$18.33	\$17.60	(with L&H)	\$36.43	\$4.36	\$0.99	\$2.40
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4301</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$90.49								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.49	\$0.00	\$18.33	\$17.60		\$36.43	\$4.36	\$0.99	\$2.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.32	\$90.49	\$0.00	\$18.33	\$17.60		\$36.43	\$4.36	17.71 (FRV)	\$2.40
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	\$187.32	\$90.49	\$0.00	\$18.33	\$17.60	\$0.00	\$36.43	\$4.36	\$17.71	\$2.40
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6245</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.00								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$243.83	\$147.00	\$0.00	\$18.33	\$17.60	\$0.00	\$36.43	\$4.36	\$17.71	\$2.40
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>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$268.34	\$153.41	\$0.00	\$18.55	\$18.01	\$0.00	\$53.90	\$4.36	\$17.71	\$2.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LAKE CROSSING HEALTH CENTER PAC 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: 00403939A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3552	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		47.62%	5.5%	Quarterly Medicaid PDPM:			1.5156	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.21	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5470	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,154,468	\$2,787,198	\$0	\$471,122	\$637,397	\$0	\$877,747		\$381,004	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$251,559)	\$0	\$0	\$0	\$0	\$0	(\$209,696)		(\$41,863)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$253,987		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$41,863
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,198,759	\$2,787,198	\$0	\$471,122	\$637,397	\$0	\$668,051	\$253,987	\$339,141	\$41,863
8	Total Nursing Facility Days As Filed Days = 28,846	FY22 Audited C/R Days	28,846									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,846	FY22 GL-PL Ins Rpt Days								28,846		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.22	\$96.62	\$0.00	\$16.33	\$22.10	(with L&H)	\$23.16	\$8.80	\$11.76	\$1.45
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3552</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$71.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.29	\$0.00	\$16.33	\$22.10		\$23.16	\$8.80	\$11.76	\$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$71.29	\$0.00	\$16.33	\$22.10		\$23.16	\$8.80	12.82 (FRV)	\$1.45
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	\$155.95	\$71.29	\$0.00	\$16.33	\$22.10	\$0.00	\$23.16	\$8.80	\$12.82	\$1.45
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5470</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$110.29								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.95	\$110.29	\$0.00	\$16.33	\$22.10	\$0.00	\$23.16	\$8.80	\$12.82	\$1.45
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.31	\$3.31								
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	\$28.01	\$9.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$222.96	\$120.20	\$0.00	\$16.55	\$22.51	\$0.00	\$40.63	\$8.80	\$12.82	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.40									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TOWNSEND PARK 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: 00404995A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3643	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		41.67%	2.5%	Quarterly Medicaid PDPM:			1.2045	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.87	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2284	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,567,567	\$3,677,818	\$0	\$775,232	\$878,041	\$0	\$1,832,339		\$404,137	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$92,040)	(\$2,635)	\$0	\$0	\$0	\$2,635	(\$77,060)		(\$14,980)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$96,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$14,980
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,587,227	\$3,675,183	\$0	\$775,232	\$878,041	\$2,635	\$1,755,279	\$96,720	\$389,157	\$14,980
8	Total Nursing Facility Days As Filed Days = 29,590	FY22 Audited C/R Days	29,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,590	FY22 GL-PL Ins Rpt Days								29,590		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$256.41	\$124.20	\$0.00	\$26.20	\$29.76	(with L&H)	\$59.32	\$3.27	\$13.15	\$0.51
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3643</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$91.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.03	\$0.00	\$26.20	\$29.76		\$59.32	\$3.27	\$13.15	\$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$231.48	\$91.03	\$0.00	\$26.20	\$29.76		\$38.83	\$3.27	41.88 (FRV)	\$0.51
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	\$231.48	\$91.03	\$0.00	\$26.20	\$29.76	\$0.00	\$38.83	\$3.27	\$41.88	\$0.51
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2284</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$111.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.27	\$111.82	\$0.00	\$26.20	\$29.76	\$0.00	\$38.83	\$3.27	\$41.88	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.59	\$5.59								
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	\$26.65	\$8.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$278.92	\$120.74	\$0.00	\$26.42	\$30.17	\$0.00	\$55.93	\$3.27	\$41.88	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$196.37									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FOUR COUNTY 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: 00405292A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2422	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.51%	1.0%	Quarterly Medicaid PDPM:			1.2325	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.71	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2572	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,079,336	\$2,497,188	\$0	\$653,822	\$580,933	\$0	\$883,505		\$463,888	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$112,871)	\$0	\$0	\$0	\$0	\$0	(\$77,543)		(\$35,328)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$66,300		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$35,328
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,068,093	\$2,497,188	\$0	\$653,822	\$580,933	\$0	\$805,962	\$66,300	\$428,560	\$35,328
8	Total Nursing Facility Days As Filed Days = 21,207	FY22 Audited C/R Days	21,207									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,207	FY22 GL-PL Ins Rpt Days								21,207		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.98	\$117.75	\$0.00	\$30.83	\$27.39	(with L&H)	\$38.00	\$3.13	\$20.21	\$1.67
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2422</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.79								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.79	\$0.00	\$30.83	\$27.39		\$38.00	\$3.13	\$20.21	\$1.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.98	\$94.79	\$0.00	\$30.35	\$27.39		\$38.00	\$3.13	11.65 (FRV)	\$1.67
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	\$206.98	\$94.79	\$0.00	\$30.35	\$27.39	\$0.00	\$38.00	\$3.13	\$11.65	\$1.67
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2572</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$119.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.36	\$119.17	\$0.00	\$30.35	\$27.39	\$0.00	\$38.00	\$3.13	\$11.65	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$25.56	\$7.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.92	\$126.85	\$0.00	\$30.35	\$27.80	\$0.00	\$55.47	\$3.13	\$11.65	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.87									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3192	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	20.95%	1.0%	Quarterly Medicaid PDPM:			1.3490	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.30	4.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3757	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,261,512	\$4,643,553	\$0	\$888,539	\$1,054,947	\$0	\$1,599,049		\$2,075,424	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$155,759)	(\$1,673)	\$0	\$0	(\$5,891)	(\$3,359)	(\$68,981)		(\$75,855)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$120,900		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,073
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,301,726	\$4,641,880	\$0	\$888,539	\$1,049,056	(\$3,359)	\$1,530,068	\$120,900	\$1,999,569	\$75,073
8	Total Nursing Facility Days As Filed Days = 36,292	FY22 Audited C/R Days	36,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,292	FY22 GL-PL Ins Rpt Days								36,292		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$283.85	\$127.90	\$0.00	\$24.48	\$28.81	(with L&H)	\$42.16	\$3.33	\$55.10	\$2.07
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3192</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.96	\$0.00	\$24.48	\$28.81		\$42.16	\$3.33	\$55.10	\$2.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.80	\$96.96	\$0.00	\$24.48	\$28.81		\$38.83	\$3.33	16.32 (FRV)	\$2.07
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	\$210.80	\$96.96	\$0.00	\$24.48	\$28.81	\$0.00	\$38.83	\$3.33	\$16.32	\$2.07
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3757</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$133.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.23	\$133.39	\$0.00	\$24.48	\$28.81	\$0.00	\$38.83	\$3.33	\$16.32	\$2.07
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>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	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	\$24.93	\$7.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$272.16	\$140.59	\$0.00	\$24.70	\$29.22	\$0.00	\$55.93	\$3.33	\$16.32	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.30									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - TOOMSBORO				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00409494A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:			1.3874	1.4040	
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	35.00%	2.5%	Quarterly Medicaid PDPM:			1.6073	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.58	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.6400	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,025,448	\$2,009,432	\$0	\$349,128	\$485,472	\$0	\$832,775		\$348,641	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$236,816)	(\$14,996)	\$0	\$0	(\$2,879)	(\$4,826)	(\$203,781)		(\$10,334)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$219,787		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$6,095
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,014,514	\$1,994,436	\$0	\$349,128	\$482,593	(\$4,826)	\$628,994	\$219,787	\$338,307	\$6,095
8	Total Nursing Facility Days As Filed Days = 17,548	FY22 Audited C/R Days	17,548									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,548	FY22 GL-PL Ins Rpt Days								17,548		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.78	\$113.66	\$0.00	\$19.90	\$27.23	(with L&H)	\$35.84	\$12.52	\$19.28	\$0.35
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3874</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$81.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.93	\$0.00	\$19.90	\$27.23		\$35.84	\$12.52	\$19.28	\$0.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.54	\$81.93	\$0.00	\$19.90	\$27.23		\$35.84	\$12.52	14.77 (FRV)	\$0.35
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	\$192.54	\$81.93	\$0.00	\$19.90	\$27.23	\$0.00	\$35.84	\$12.52	\$14.77	\$0.35
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6400</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.98	\$134.37	\$0.00	\$19.90	\$27.23	\$0.00	\$35.84	\$12.52	\$14.77	\$0.35
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.72	\$6.72								
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	\$28.71	\$10.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.69	\$144.98	\$0.00	\$20.12	\$27.64	\$0.00	\$53.31	\$12.52	\$14.77	\$0.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.44									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHERRY BLOSSOM HEALTH AND REHABILITATION				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00413509A				Growth Allowance:	N/A	0.00%	Base Period Overall PDPMCMI:				1.3214	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score	23.64%	1.0%	Quarterly Medicaid PDPM:				1.3920	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:	3.85	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:				1.4204	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,048,996	\$2,583,318	\$0	\$502,111	\$564,655	\$0	\$972,910		\$426,002	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$112,611)	\$0	\$0	\$0	\$0	\$0	(\$75,029)		(\$37,582)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,960		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$37,582
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,037,927	\$2,583,318	\$0	\$502,111	\$564,655	\$0	\$897,881	\$63,960	\$388,420	\$37,582
8	Total Nursing Facility Days As Filed Days = 20,681	FY22 Audited C/R Days	20,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,681	FY22 GL-PL Ins Rpt Days								20,681		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.60	\$124.91	\$0.00	\$24.28	\$27.30	(with L&H)	\$43.42	\$3.09	\$18.78	\$1.82
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3214</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.53	\$0.00	\$24.28	\$27.30		\$43.42	\$3.09	\$18.78	\$1.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.84	\$94.53	\$0.00	\$24.28	\$27.30		\$38.83	\$3.09	16.99 (FRV)	\$1.82
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	\$206.84	\$94.53	\$0.00	\$24.28	\$27.30	\$0.00	\$38.83	\$3.09	\$16.99	\$1.82
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4204</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.58	\$134.27	\$0.00	\$24.28	\$27.30	\$0.00	\$38.83	\$3.09	\$16.99	\$1.82
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Srvcs)	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	\$24.97	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.55	\$141.51	\$0.00	\$24.50	\$27.71	\$0.00	\$55.93	\$3.09	\$16.99	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.84									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: FOUNTAINVIEW CTR FOR ALZHEIMER				<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: 00421429A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3462	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		85.19%	5.5%	Quarterly Medicaid PDPM:			1.2478	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.64	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2722	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,405,343	\$4,341,143	\$0	\$866,137	\$980,403	\$0	\$1,480,909		\$736,751	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$463,387)	\$0	\$0	\$0	\$0	\$0	(\$203,293)		(\$260,094)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$203,293		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$260,094
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,405,343	\$4,341,143	\$0	\$866,137	\$980,403	\$0	\$1,277,616	\$203,293	\$476,657	\$260,094
8	Total Nursing Facility Days As Filed Days = 36,053	FY22 Audited C/R Days	36,053									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,053	FY22 GL-PL Ins Rpt Days								36,053		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.13	\$120.41	\$0.00	\$24.02	\$27.19	(with L&H)	\$35.44	\$5.64	\$13.22	\$7.21
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3462</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.45	\$0.00	\$24.02	\$27.19		\$35.44	\$5.64	\$13.22	\$7.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.79	\$89.45	\$0.00	\$24.02	\$27.19		\$35.44	\$5.64	15.84 (FRV)	\$7.21
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	\$204.79	\$89.45	\$0.00	\$24.02	\$27.19	\$0.00	\$35.44	\$5.64	\$15.84	\$7.21
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2722</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$113.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.14	\$113.80	\$0.00	\$24.02	\$27.19	\$0.00	\$35.44	\$5.64	\$15.84	\$7.21
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$6.26	\$6.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$28.30	\$10.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.44	\$124.00	\$0.00	\$24.24	\$27.60	\$0.00	\$52.91	\$5.64	\$15.84	\$7.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.26									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: SANDY SPRINGS CENTER FOR NURSING AND HEALING LLC Prvdr ID: 00426214A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 39.0% Nurse Hours per On-Site Day/Quality Incentive: 3.42		Facility Score Add-on Percent	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: Quarterly Medicaid PDPM: Qtrly Mcaid PDPM w RUG Wght Options:				Facility Specific 1.3895 1.4857 1.5165	State-wide 1.4040 1.4519 1.4812
Case Mix Per Diem Rate Effective Date: 04/01/25 MDS & Nurse Hrs Data per Quarter Ending: 12/31/24												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021				FY2021 C/R - FY 2021 GL-PL Rpt	4,612,664	759,483	1,038,592	(4,619)	1,965,482	97,412	1,989,837	111,335
Inflation (July 2022) @ 5.90%					272,147	44,809	61,004		115,963			6,569
Patient Days				FY 2021 Cost Rpt	38,333	38,333	38,333		38,333	38,333	38,333	38,333
Total Nursing Facility Days GL-PL Ins. Rpt				FY 21 GL-PL Ins Rpt Days								
Inflated NHC/ Patient Days					127.43	20.98	28.56		54.30	2.54	51.91	3.08
Base Period Facility PDPM for all Residents					1.3895							
Routine Services PDPM Adjusted Net Per Diem					\$91.71							
Net Per Diems After PDPM Adjustments					\$253.08	\$20.98	\$28.56		\$54.30	\$2.54	\$51.91	3.08
Per Diem Standards					\$117.25	\$30.35	\$33.22		\$38.83			
Base Period PDPM Adjusted Allowed Per Diem					\$199.84	\$20.98	\$28.56		\$38.83	\$2.54	14.13	3.08
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 0.000%					\$0.00	\$0.00	\$0.00		\$0.00			
PDPMA Allowed Per Diem After Growth Allowance					\$199.83	\$20.98	\$28.56		\$38.83	\$2.54	\$14.13	\$3.08
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$139.08							
Quarterly Medicaid PDPMA Allowed Per Diem					\$247.20	\$20.98	\$28.56		\$38.83	\$2.54	\$14.13	\$3.08
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)					\$1.16	\$0.53			\$0.00			
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)					\$3.48	3.48						
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%					\$4.17	4.17						
Nursing Home Provider Fee					\$	17.10			\$	17.10		
Total Quarterly Per Diem Add-On Amounts					\$25.91							
Quarterly PDPM Based Per Diem Rate					\$273.11	\$147.26	\$21.20	\$28.97	\$55.93	\$2.54	\$14.13	\$3.08
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%					\$192.01							

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: TAYLOR COUNTY 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: 00432924A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3373	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.29%	2.5%	Quarterly Medicaid PDPM:			1.3107	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.21	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3369	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,109,938	\$2,620,045	\$0	\$487,084	\$519,257	\$0	\$990,705		\$492,847	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$117,994)	\$0	\$0	\$0	\$0	\$0	(\$72,070)		(\$45,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$60,840		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$45,924
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,098,708	\$2,620,045	\$0	\$487,084	\$519,257	\$0	\$918,635	\$60,840	\$446,923	\$45,924
8	Total Nursing Facility Days As Filed Days = 20,983	FY22 Audited C/R Days	20,983									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,983	FY22 GL-PL Ins Rpt Days								20,983		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.00	\$124.87	\$0.00	\$23.21	\$24.75	(with L&H)	\$43.78	\$2.90	\$21.30	\$2.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3373</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.38	\$0.00	\$23.21	\$24.75		\$43.78	\$2.90	\$21.30	\$2.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.34	\$93.38	\$0.00	\$23.21	\$24.75		\$38.83	\$2.90	12.08 (FRV)	\$2.19
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	\$197.34	\$93.38	\$0.00	\$23.21	\$24.75	\$0.00	\$38.83	\$2.90	\$12.08	\$2.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3369</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$124.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.80	\$124.84	\$0.00	\$23.21	\$24.75	\$0.00	\$38.83	\$2.90	\$12.08	\$2.19
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$27.62	\$9.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$256.42	\$134.73	\$0.00	\$23.43	\$25.16	\$0.00	\$55.93	\$2.90	\$12.08	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2544	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		63.33%	5.5%	Quarterly Medicaid PDPM:			1.4145	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.44	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4432	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,900,785	\$2,206,799	\$0	\$328,069	\$423,191	\$0	\$583,049		\$359,677	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$127,815)	\$0	\$0	\$0	\$0	\$0	(\$102,459)		(\$25,356)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$99,509		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$25,356
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,897,835	\$2,206,799	\$0	\$328,069	\$423,191	\$0	\$480,590	\$99,509	\$334,321	\$25,356
8	Total Nursing Facility Days As Filed Days = 18,190	FY22 Audited C/R Days	18,190									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,190	FY22 GL-PL Ins Rpt Days								18,190		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.29	\$121.32	\$0.00	\$18.04	\$23.27	(with L&H)	\$26.42	\$5.47	\$18.38	\$1.39
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2544</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.72								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.72	\$0.00	\$18.04	\$23.27		\$26.42	\$5.47	\$18.38	\$1.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.82	\$96.72	\$0.00	\$18.04	\$23.27		\$26.42	\$5.47	12.51 (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	\$183.82	\$96.72	\$0.00	\$18.04	\$23.27	\$0.00	\$26.42	\$5.47	\$12.51	\$1.39
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4432</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$139.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.69	\$139.59	\$0.00	\$18.04	\$23.27	\$0.00	\$26.42	\$5.47	\$12.51	\$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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.68	\$7.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$30.50	\$12.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$257.19	\$151.99	\$0.00	\$18.26	\$23.68	\$0.00	\$43.89	\$5.47	\$12.51	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.07									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4838	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		23.38%	1.0%	Quarterly Medicaid PDPM:			1.3768	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.92	5.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4040	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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	<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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$12,242,241	\$6,771,091	\$0	\$1,218,969	\$1,240,678	\$0	\$2,647,357		\$364,146	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$666,842)	(\$485,059)	\$0	\$0	\$0	(\$2,789)	(\$115,651)		(\$63,343)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$244,724		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$63,343
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$11,883,466	\$6,286,032	\$0	\$1,218,969	\$1,240,678	(\$2,789)	\$2,531,706	\$244,724	\$300,803	\$63,343
8	Total Nursing Facility Days As Filed Days = 37,555	FY22 Audited C/R Days	37,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,555	FY22 GL-PL Ins Rpt Days								37,555		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$316.43	\$167.38	\$0.00	\$32.46	\$32.96	(with L&H)	\$67.41	\$6.52	\$8.01	\$1.69
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4838</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.81								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$112.81	\$0.00	\$32.46	\$32.96		\$67.41	\$6.52	\$8.01	\$1.69
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$240.49	\$112.81	\$0.00	\$30.35	\$32.96		\$38.83	\$6.52	17.33 (FRV)	\$1.69
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	\$240.49	\$112.81	\$0.00	\$30.35	\$32.96	\$0.00	\$38.83	\$6.52	\$17.33	\$1.69
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4040</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$158.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$286.07	\$158.39	\$0.00	\$30.35	\$32.96	\$0.00	\$38.83	\$6.52	\$17.33	\$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)	\$0.72	\$0.53	\$0.00	\$0.00	\$0.19	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.92	\$7.92								
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	\$27.32	\$10.03	\$0.00	\$0.00	\$0.19	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$313.39	\$168.42	\$0.00	\$30.35	\$33.15	\$0.00	\$55.93	\$6.52	\$17.33	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$222.22									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CAMBRIDGE POST ACUTE CARE CENTER				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00494139A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4474	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		39.76%	2.5%	Quarterly Medicaid PDPM:			1.4228	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.90	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4517	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$9,945,323	\$4,309,501	\$0	\$721,811	\$800,369	\$0	\$1,680,165		\$2,433,477	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$453,308)	\$0	\$0	\$0	\$0	\$0	(\$376,731)		(\$76,577)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$373,659		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$76,577
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,942,251	\$4,309,501	\$0	\$721,811	\$800,369	\$0	\$1,303,434	\$373,659	\$2,356,900	\$76,577
8	Total Nursing Facility Days As Filed Days = 44,712	FY22 Audited C/R Days	44,712									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,712	FY22 GL-PL Ins Rpt Days								44,712		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.35	\$96.38	\$0.00	\$16.14	\$17.90	(with L&H)	\$29.15	\$8.36	\$52.71	\$1.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY22		1.4474								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$66.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.59	\$0.00	\$16.14	\$17.90		\$29.15	\$8.36	\$52.71	\$1.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.92	\$66.59	\$0.00	\$16.14	\$17.90		\$29.15	\$8.36	13.07 (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	\$152.92	\$66.59	\$0.00	\$16.14	\$17.90	\$0.00	\$29.15	\$8.36	\$13.07	\$1.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		1.4517								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$96.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.00	\$96.67	\$0.00	\$16.14	\$17.90	\$0.00	\$29.15	\$8.36	\$13.07	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
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	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$205.98	\$101.55	\$0.00	\$16.36	\$18.31	\$0.00	\$46.62	\$8.36	\$13.07	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.66									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: POWDER SPRINGS CENTER FOR NURSING & HEALING				<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: 00530824A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4534	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		30.00%	2.5%	Quarterly Medicaid PDPM:			1.6101	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6439	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$15,118,454	\$7,556,650	\$0	\$1,206,478	\$1,472,912	\$0	\$2,828,939		\$2,053,475	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	(\$931,020)	(\$143,625)	\$0	\$0	\$0	\$0	(\$634,517)		(\$152,878)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$779,605		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$152,878
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$15,119,917	\$7,413,025	\$0	\$1,206,478	\$1,472,912	\$0	\$2,194,422	\$779,605	\$1,900,597	\$152,878
8	Total Nursing Facility Days As Filed Days = 66,419	FY22 Audited C/R Days	66,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,419	FY22 GL-PL Ins Rpt Days								66,419		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.65	\$111.61	\$0.00	\$18.16	\$22.18	(with L&H)	\$33.04	\$11.74	\$28.62	\$2.30
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4534</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.79								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.79	\$0.00	\$18.16	\$22.18		\$33.04	\$11.74	\$28.62	\$2.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.71	\$76.79	\$0.00	\$18.16	\$22.18		\$33.04	\$11.74	14.50 (FRV)	\$2.30
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	\$178.71	\$76.79	\$0.00	\$18.16	\$22.18	\$0.00	\$33.04	\$11.74	\$14.50	\$2.30
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6439</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$126.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.16	\$126.24	\$0.00	\$18.16	\$22.18	\$0.00	\$33.04	\$11.74	\$14.50	\$2.30
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$25.58	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$253.74	\$133.72	\$0.00	\$18.38	\$22.59	\$0.00	\$50.51	\$11.74	\$14.50	\$2.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.48									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: JONESBORO 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: 00531033A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2817	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.39%	1.0%	Quarterly Medicaid PDPM:			1.2878	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.65	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3131	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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's Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,419,768	\$4,985,688	\$0	\$787,983	\$584,790	\$0	\$1,302,967		\$758,340	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$224,273)	\$0	\$0	\$0	\$0	\$0	(\$129,876)		(\$94,397)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$115,137		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$94,397
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,405,029	\$4,985,688	\$0	\$787,983	\$584,790	\$0	\$1,173,091	\$115,137	\$663,943	\$94,397
8	Total Nursing Facility Days As Filed Days = 43,632	FY22 Audited C/R Days	43,632									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,632	FY22 GL-PL Ins Rpt Days								43,632		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc's	Ln 7 / Ln 8 Col a	\$192.64	\$114.27	\$0.00	\$18.06	\$13.40	(with L&H)	\$26.89	\$2.64	\$15.22	\$2.16
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2817</u>								
11	Routine Srvc's PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc's	RS = Ln 11, AllOthr = Ln 9		\$89.16	\$0.00	\$18.06	\$13.40		\$26.89	\$2.64	\$15.22	\$2.16
13	Per Diem Standards (After Statewide PDPM for Routine Srvc's)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.39	\$89.16	\$0.00	\$18.06	\$13.40		\$26.89	\$2.64	14.08 (FRV)	\$2.16
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	\$166.39	\$89.16	\$0.00	\$18.06	\$13.40	\$0.00	\$26.89	\$2.64	\$14.08	\$2.16
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3131</u>								
18	Qtrtry Routine Srvc's PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$117.08								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.31	\$117.08	\$0.00	\$18.06	\$13.40	\$0.00	\$26.89	\$2.64	\$14.08	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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's)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvc's)	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	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$217.62	\$122.29	\$0.00	\$18.28	\$13.81	\$0.00	\$44.36	\$2.64	\$14.08	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.39									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MAPLE RIDGE 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: 00534619A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4394	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		44.19%	2.5%	Quarterly Medicaid PDPM:			1.3800	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.87	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4079	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,725,530	\$2,622,059	\$0	\$516,275	\$476,604	\$0	\$853,449		\$1,257,143	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$202,171)	\$5,100	\$0	\$0	(\$7,144)	(\$7,870)	(\$127,761)		(\$64,496)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$112,369		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$62,464
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,698,192	\$2,627,159	\$0	\$516,275	\$469,460	(\$7,870)	\$725,688	\$112,369	\$1,192,647	\$62,464
8	Total Nursing Facility Days As Filed Days = 23,773	FY22 Audited C/R Days	23,773									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,773	FY22 GL-PL Ins Rpt Days								23,773		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.71	\$110.51	\$0.00	\$21.72	\$19.42	(with L&H)	\$30.53	\$4.73	\$50.17	\$2.63
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4394</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$76.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.78	\$0.00	\$21.72	\$19.42		\$30.53	\$4.73	\$50.17	\$2.63
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.83	\$76.78	\$0.00	\$21.72	\$19.42		\$30.53	\$4.73	16.02 (FRV)	\$2.63
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	\$171.83	\$76.78	\$0.00	\$21.72	\$19.42	\$0.00	\$30.53	\$4.73	\$16.02	\$2.63
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4079</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$108.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.15	\$108.10	\$0.00	\$21.72	\$19.42	\$0.00	\$30.53	\$4.73	\$16.02	\$2.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
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	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$226.64	\$113.49	\$0.00	\$21.94	\$19.83	\$0.00	\$48.00	\$4.73	\$16.02	\$2.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.16									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4553	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		65.66%	5.5%	Quarterly Medicaid PDPM:			2.0102	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.16	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			2.0507	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$10,512,522	\$5,472,247	\$0	\$876,890	\$823,499	\$0	\$1,384,145		\$1,955,741	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$492,856)	\$0	\$0	\$0	\$0	\$0	(\$326,034)		(\$166,822)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$226,352		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$166,822
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$10,412,840	\$5,472,247	\$0	\$876,890	\$823,499	\$0	\$1,058,111	\$226,352	\$1,788,919	\$166,822
8	Total Nursing Facility Days As Filed Days = 50,023	FY22 Audited C/R Days	50,023									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,023	FY22 GL-PL Ins Rpt Days								50,023		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.14	\$109.39	\$0.00	\$17.53	\$16.46	(with L&H)	\$21.15	\$4.52	\$35.76	\$3.33
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4553</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$75.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.17	\$0.00	\$17.53	\$16.46		\$21.15	\$4.52	\$35.76	\$3.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.04	\$75.17	\$0.00	\$17.53	\$16.46		\$21.15	\$4.52	12.88 (FRV)	\$3.33
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	\$151.04	\$75.17	\$0.00	\$17.53	\$16.46	\$0.00	\$21.15	\$4.52	\$12.88	\$3.33
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>2.0507</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$154.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.02	\$154.15	\$0.00	\$17.53	\$16.46	\$0.00	\$21.15	\$4.52	\$12.88	\$3.33
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 = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$8.48	\$8.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.62	\$4.62								
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	\$31.73	\$13.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.75	\$167.78	\$0.00	\$17.75	\$16.87	\$0.00	\$38.62	\$4.52	\$12.88	\$3.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.49									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BAYVIEW 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: 00624951A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3343	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.19%	1.0%	Quarterly Medicaid PDPM:			1.3802	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.04	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.4076	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,104,392	\$2,401,090	\$0	\$530,779	\$601,865	\$0	\$681,686		\$888,972	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$161,070)	\$0	\$0	\$0	\$0	(\$305)	(\$84,952)		(\$75,813)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$83,111		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$75,813
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,102,246	\$2,401,090	\$0	\$530,779	\$601,865	(\$305)	\$596,734	\$83,111	\$813,159	\$75,813
8	Total Nursing Facility Days As Filed Days = 19,448	FY22 Audited C/R Days	19,448									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,448	FY22 GL-PL Ins Rpt Days								19,448		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.34	\$123.46	\$0.00	\$27.29	\$30.93	(with L&H)	\$30.68	\$4.27	\$41.81	\$3.90
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3343</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$92.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.52	\$0.00	\$27.29	\$30.93		\$30.68	\$4.27	\$41.81	\$3.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$228.82	\$92.52	\$0.00	\$27.29	\$30.93		\$30.68	\$4.27	39.23 (FRV)	\$3.90
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	\$228.82	\$92.52	\$0.00	\$27.29	\$30.93	\$0.00	\$30.68	\$4.27	\$39.23	\$3.90
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4076</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$130.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.53	\$130.23	\$0.00	\$27.29	\$30.93	\$0.00	\$30.68	\$4.27	\$39.23	\$3.90
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 = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.51	\$6.51								
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	\$26.44	\$8.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$292.97	\$138.57	\$0.00	\$27.51	\$31.34	\$0.00	\$48.15	\$4.27	\$39.23	\$3.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$206.90									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: BRIARWOOD HEALTH CENTER BY HARBORVIEW Prvdr ID: 00706813A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 42.3% Nurse Hours per On-Site Day/Quality Incentive: 3.50		Facility Score N/A 42.3% 3.50	Add-on Percent 0.00% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4020 Quarterly Medicaid PDPM: 1.7304 Qtrly Mcaid PDPM w RUG Wght Options: 1.7660			Facility Specific 1.4020 1.7304 1.7660	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LEE COUNTY 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: 00712665A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3735	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		31.37%	2.5%	Quarterly Medicaid PDPM:			1.2210	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.75	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2449	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,593,753	\$2,195,298	\$0	\$540,128	\$560,303	\$0	\$840,511		\$457,513	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$99,859)	\$0	\$0	\$0	\$0	\$0	(\$56,972)		(\$42,887)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$42,887
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,583,581	\$2,195,298	\$0	\$540,128	\$560,303	\$0	\$783,539	\$46,800	\$414,626	\$42,887
8	Total Nursing Facility Days As Filed Days = 18,814	FY22 Audited C/R Days	18,814									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,814	FY22 GL-PL Ins Rpt Days								18,814		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.63	\$116.68	\$0.00	\$28.71	\$29.78	(with L&H)	\$41.65	\$2.49	\$22.04	\$2.28
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3735</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$84.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.95	\$0.00	\$28.71	\$29.78		\$41.65	\$2.49	\$22.04	\$2.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.83	\$84.95	\$0.00	\$28.71	\$29.78		\$38.83	\$2.49	16.79 (FRV)	\$2.28
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	\$203.83	\$84.95	\$0.00	\$28.71	\$29.78	\$0.00	\$38.83	\$2.49	\$16.79	\$2.28
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2449</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$105.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.63	\$105.75	\$0.00	\$28.71	\$29.78	\$0.00	\$38.83	\$2.49	\$16.79	\$2.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$26.19	\$8.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$250.82	\$114.21	\$0.00	\$28.93	\$30.19	\$0.00	\$55.93	\$2.49	\$16.79	\$2.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.29									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BRYAN COUNTY HLTH & 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: 00715569A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.6225	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		45.21%	5.5%	Quarterly Medicaid PDPM:			1.6307	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.03	6.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.6640	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,189,893	\$3,314,204	\$0	\$668,154	\$640,481	\$0	\$1,091,935		\$475,119	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$343,042)	(\$3,598)	\$0	\$0	\$0	(\$27,388)	(\$183,428)		(\$128,628)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$193,772		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$128,628
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,169,251	\$3,310,606	\$0	\$668,154	\$640,481	(\$27,388)	\$908,507	\$193,772	\$346,491	\$128,628
8	Total Nursing Facility Days As Filed Days = 26,362	FY22 Audited C/R Days	26,362									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,362	FY22 GL-PL Ins Rpt Days								26,362		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.02	\$125.58	\$0.00	\$25.35	\$23.26	(with L&H)	\$34.46	\$7.35	\$13.14	\$4.88
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.6225</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$25.35	\$23.26		\$34.46	\$7.35	\$13.14	\$4.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.30	\$77.40	\$0.00	\$25.35	\$23.26		\$34.46	\$7.35	14.60 (FRV)	\$4.88
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	\$187.30	\$77.40	\$0.00	\$25.35	\$23.26	\$0.00	\$34.46	\$7.35	\$14.60	\$4.88
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.6640</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$128.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.69	\$128.79	\$0.00	\$25.35	\$23.26	\$0.00	\$34.46	\$7.35	\$14.60	\$4.88
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.08	\$7.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.73	\$7.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$33.44	\$15.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$272.13	\$144.13	\$0.00	\$25.57	\$23.67	\$0.00	\$51.93	\$7.35	\$14.60	\$4.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.27									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: THUNDERBOLT 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: 00727801A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3314	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		19.51%	0.0%	Quarterly Medicaid PDPM:			1.3544	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.01	2.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.3812	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$8,221,628	\$4,517,898	\$0	\$692,473	\$820,903	\$0	\$1,888,975		\$301,379	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$772,689)	\$0	\$0	\$0	\$2,506	\$2,937	(\$519,790)		(\$258,342)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$519,790		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$260,055
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,228,784	\$4,517,898	\$0	\$692,473	\$823,409	\$2,937	\$1,369,185	\$519,790	\$43,037	\$260,055
8	Total Nursing Facility Days As Filed Days = 37,903	FY22 Audited C/R Days	37,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,903	FY22 GL-PL Ins Rpt Days								37,903		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.10	\$119.20	\$0.00	\$18.27	\$21.80	(with L&H)	\$36.12	\$13.71	\$1.14	\$6.86
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3314</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.53	\$0.00	\$18.27	\$21.80		\$36.12	\$13.71	\$1.14	\$6.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.64	\$89.53	\$0.00	\$18.27	\$21.80		\$36.12	\$13.71	20.35 (FRV)	\$6.86
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	\$206.64	\$89.53	\$0.00	\$18.27	\$21.80	\$0.00	\$36.12	\$13.71	\$20.35	\$6.86
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3812</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.77	\$123.66	\$0.00	\$18.27	\$21.80	\$0.00	\$36.12	\$13.71	\$20.35	\$6.86
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>0.0%</u> (to Routine Srvcs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
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	\$21.10	\$3.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.87	\$126.66	\$0.00	\$18.49	\$22.21	\$0.00	\$53.59	\$13.71	\$20.35	\$6.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.58									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: PERIMETER REHABILITATION SUITES BY HARBORVIEW Prvdr ID: 00815295A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 21.2% Nurse Hours per On-Site Day/Quality Incentive: 2.70		Facility Score Add-on Percent 0.00% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.5911 Quarterly Medicaid PDPM: 1.9195 Qtrly Mcaid PDPM w RUG Wght Options: 1.9585				Facility Specific 1.5911 1.9195 1.9585	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.4741	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		50.00%	5.5%	Quarterly Medicaid PDPM:			1.3062	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.31	2.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.3308	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,707,854	\$2,302,923	\$0	\$282,135	\$331,415	\$0	\$541,023		\$250,358	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$26,852)	(\$2,035)	\$0	\$0	\$0	\$0	(\$5,543)		(\$19,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$5,543		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,274
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,705,819	\$2,300,888	\$0	\$282,135	\$331,415	\$0	\$535,480	\$5,543	\$231,084	\$19,274
8	Total Nursing Facility Days As Filed Days = 11,245	FY22 Audited C/R Days	11,245									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,245	FY22 GL-PL Ins Rpt Days								11,245		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$329.54	\$204.61	\$0.00	\$25.09	\$29.47	(with L&H)	\$47.62	\$0.49	\$20.55	\$1.71
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4741</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$138.80								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$138.80	\$0.00	\$25.09	\$29.47		\$47.62	\$0.49	\$20.55	\$1.71
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.48	\$117.25	\$0.00	\$25.09	\$29.47		\$38.83	\$0.49	24.64 (FRV)	\$1.71
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	\$237.48	\$117.25	\$0.00	\$25.09	\$29.47	\$0.00	\$38.83	\$0.49	\$24.64	\$1.71
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3308</u>								
18	Qtrtly Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$156.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$276.27	\$156.04	\$0.00	\$25.09	\$29.47	\$0.00	\$38.83	\$0.49	\$24.64	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$8.58	\$8.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine SrvcS)	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	\$29.43	\$11.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$305.70	\$167.74	\$0.00	\$25.31	\$29.88	\$0.00	\$55.93	\$0.49	\$24.64	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.45									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: LIFE CARE CTR OF LAWRENCEVILLE				<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: 00818914A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3558	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		37.93%	2.5%	Quarterly Medicaid PDPM:			1.2428	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.67	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2679	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,780,872	\$4,252,241	\$0	\$774,843	\$773,295	\$0	\$1,425,908		\$554,585	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$283,900)	(\$41,353)	\$0	(\$4,116)	\$0	\$5,880	(\$68,213)		(\$176,098)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$101,555		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$176,098
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,774,625	\$4,210,888	\$0	\$770,727	\$773,295	\$5,880	\$1,357,695	\$101,555	\$378,487	\$176,098
8	Total Nursing Facility Days As Filed Days = 27,502	FY22 Audited C/R Days	27,502									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,502	FY22 GL-PL Ins Rpt Days								27,502		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$282.68	\$153.11	\$0.00	\$28.02	\$28.33	(with L&H)	\$49.37	\$3.69	\$13.76	\$6.40
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3558</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.93								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$112.93	\$0.00	\$28.02	\$28.33		\$49.37	\$3.69	\$13.76	\$6.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.91	\$112.93	\$0.00	\$28.02	\$28.33		\$38.83	\$3.69	18.71 (FRV)	\$6.40
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	\$236.91	\$112.93	\$0.00	\$28.02	\$28.33	\$0.00	\$38.83	\$3.69	\$18.71	\$6.40
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2679</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$143.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.16	\$143.18	\$0.00	\$28.02	\$28.33	\$0.00	\$38.83	\$3.69	\$18.71	\$6.40
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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
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	\$26.14	\$8.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$293.30	\$151.59	\$0.00	\$28.24	\$28.74	\$0.00	\$55.93	\$3.69	\$18.71	\$6.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: SENIOR CARE CENTER - BRUNSWICK				<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: 000830827B				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3238	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.72%	2.5%	Quarterly Medicaid PDPM:			1.2349	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.15	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2597	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$18,678,434	\$10,344,265	\$0	\$2,205,936	\$946,953	\$411,291	\$3,045,165		\$1,724,824	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	\$2,473,808	\$2,663,664	\$0	\$0	\$0	\$0	(\$153,180)		(\$36,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$153,180		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$36,676
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$21,342,098	\$13,007,929	\$0	\$2,205,936	\$946,953	\$411,291	\$2,891,985	\$153,180	\$1,688,148	\$36,676
8	Total Nursing Facility Days As Filed Days = 48,815	FY22 Audited C/R Days	48,815									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,815	FY22 GL-PL Ins Rpt Days								48,815		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvc	Ln 7 / Ln 8 Col a	\$437.19	\$266.47	\$0.00	\$45.19	\$27.82	(with L&H)	\$59.24	\$3.14	\$34.58	\$0.75
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3238</u>								
11	Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$201.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvc	RS = Ln 11, AllOthr = Ln 9		\$201.29	\$0.00	\$45.19	\$27.82		\$59.24	\$3.14	\$34.58	\$0.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvc)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$234.58	\$117.25	\$0.00	\$30.35	\$27.82		\$38.83	\$3.14	16.44 (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	\$234.58	\$117.25	\$0.00	\$30.35	\$27.82	\$0.00	\$38.83	\$3.14	\$16.44	\$0.75
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2597</u>								
18	Qtrtry Routine Srvc PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$147.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.03	\$147.70	\$0.00	\$30.35	\$27.82	\$0.00	\$38.83	\$3.14	\$16.44	\$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)	\$0.41	\$0.00	\$0.00	\$0.00	\$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	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvc)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
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	\$7.05	\$6.64	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$272.08	\$154.34	\$0.00	\$30.35	\$28.23	\$0.00	\$38.83	\$3.14	\$16.44	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.06									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ROSELANE HEALTH CENTER BY HARBORVIEW Prvdr ID: 00831751A H/B ? : NO				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 12.9% Nurse Hours per On-Site Day/Quality Incentive: 3.58		Facility Score Add-on Percent 0.00% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall PDPM: 1.4267 Quarterly Medicaid PDPM: 2.0037 Qtrly Mcaid PDPM w RUG Wght Options: 2.0450				Facility Specific 1.4267 2.0037 2.0450	State-wide 1.4040 1.4519 1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 2021												
Inflation (July 2022) @ 5.90%												
Patient Days												
Total Nursing Facility Days GL-PL Ins. Rpt												
Inflated NHC/ Patient Days												
Base Period Facility PDPM for all Residents												
Routine Services PDPM Adjusted Net Per Diem												
Net Per Diems After PDPM Adjustments												
Per Diem Standards												
Base Period PDPM Adjusted Allowed Per Diem												
Quarterly Per Diem Rate Prior to Add-Ons												
Growth Allowance 0.000%												
PDPMA Allowed Per Diem After Growth Allowance												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA 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 Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: REGENCY PARK 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: 00837207A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2567	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		21.74%	1.0%	Quarterly Medicaid PDPM:			1.1298	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		5.88	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.1524	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,660,131	\$4,154,253	\$0	\$726,367	\$640,793	\$0	\$1,786,828		\$351,890	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$203,598)	\$0	\$0	\$0	\$0	\$0	(\$192,140)		(\$11,458)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$192,140		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$11,458
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,660,131	\$4,154,253	\$0	\$726,367	\$640,793	\$0	\$1,594,688	\$192,140	\$340,432	\$11,458
8	Total Nursing Facility Days As Filed Days = 27,064	FY22 Audited C/R Days	27,064									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,064	FY22 GL-PL Ins Rpt Days								27,064		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$283.04	\$153.50	\$0.00	\$26.84	\$23.68	(with L&H)	\$58.92	\$7.10	\$12.58	\$0.42
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2567</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$122.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$122.14	\$0.00	\$26.84	\$23.68		\$58.92	\$7.10	\$12.58	\$0.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.38	\$117.25	\$0.00	\$26.84	\$23.68		\$38.83	\$7.10	22.26 (FRV)	\$0.42
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	\$236.38	\$117.25	\$0.00	\$26.84	\$23.68	\$0.00	\$38.83	\$7.10	\$22.26	\$0.42
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.1524</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.25	\$135.12	\$0.00	\$26.84	\$23.68	\$0.00	\$38.83	\$7.10	\$22.26	\$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)	\$0.63	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.13	\$5.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$277.38	\$140.52	\$0.00	\$27.06	\$24.09	\$0.00	\$55.93	\$7.10	\$22.26	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$195.21									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ROCKDALE 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: 00838252A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4619	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		13.16%	0.0%	Quarterly Medicaid PDPM:			1.5499	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.83	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5814	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,342,356	\$4,463,902	\$0	\$646,184	\$664,279	\$0	\$1,521,632		\$2,046,359	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmtns	(\$354,485)	\$0	\$0	\$0	\$0	\$0	(\$259,485)		(\$95,000)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$259,485		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$95,000
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,342,356	\$4,463,902	\$0	\$646,184	\$664,279	\$0	\$1,262,147	\$259,485	\$1,951,359	\$95,000
8	Total Nursing Facility Days As Filed Days = 34,419	FY22 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,419	FY22 GL-PL Ins Rpt Days								34,419		
9	Net Per Diems prior to PDPM Adjstmnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$271.42	\$129.69	\$0.00	\$18.77	\$19.30	(with L&H)	\$36.67	\$7.54	\$56.69	\$2.76
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4619</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$88.72								
12	Net Per Diems after PDPM Adjstmnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.72	\$0.00	\$18.77	\$19.30		\$36.67	\$7.54	\$56.69	\$2.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCas Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.14	\$88.72	\$0.00	\$18.77	\$19.30		\$36.67	\$7.54	14.38 (FRV)	\$2.76
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	\$188.14	\$88.72	\$0.00	\$18.77	\$19.30	\$0.00	\$36.67	\$7.54	\$14.38	\$2.76
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5814</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$140.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.72	\$140.30	\$0.00	\$18.77	\$19.30	\$0.00	\$36.67	\$7.54	\$14.38	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	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 Srvcs)	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	\$21.44	\$3.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$261.16	\$143.64	\$0.00	\$18.99	\$19.71	\$0.00	\$54.14	\$7.54	\$14.38	\$2.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.05									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.5482	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		36.99%	2.5%	Quarterly Medicaid PDPM:			1.2929	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.68	2.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3181	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$8,153,410	\$4,325,330	\$0	\$880,811	\$460,772	\$623,476	\$1,466,595		\$396,426	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$170,931)	\$0	\$0	\$0	\$0	\$0	(\$141,024)		(\$29,907)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$131,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$29,907
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$8,144,255	\$4,325,330	\$0	\$880,811	\$460,772	\$623,476	\$1,325,571	\$131,869	\$366,519	\$29,907
8	Total Nursing Facility Days As Filed Days = 29,797	FY22 Audited C/R Days	29,797									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,797	FY22 GL-PL Ins Rpt Days								29,797		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$273.33	\$145.16	\$0.00	\$29.56	\$36.39	(with L&H)	\$44.49	\$4.43	\$12.30	\$1.00
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5482</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$93.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.76	\$0.00	\$29.56	\$36.39		\$44.49	\$4.43	\$12.30	\$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.58	\$93.76	\$0.00	\$29.56	\$33.22		\$38.83	\$4.43	17.78 (FRV)	\$1.00
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	\$218.58	\$93.76	\$0.00	\$29.56	\$33.22	\$0.00	\$38.83	\$4.43	\$17.78	\$1.00
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3181</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$123.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.41	\$123.59	\$0.00	\$29.56	\$33.22	\$0.00	\$38.83	\$4.43	\$17.78	\$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)	\$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 Srvcs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
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	\$23.41	\$6.09	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$271.82	\$129.68	\$0.00	\$29.78	\$33.22	\$0.00	\$55.93	\$4.43	\$17.78	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.04									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CANDLER SKILLED NURSING UNIT				<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: 00870911A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4300	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		0.00%	0.0%	Quarterly Medicaid PDPM:			1.6950	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		8.73	0.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.7300	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 Srvcs Combined)	As Filed FY22 C/R - FY22 GL/PL Rpt	\$4,718,622	\$2,359,133	\$0	\$190,644	\$205,344	\$323,053	\$982,616		\$657,832	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$60,719)	\$0	\$0	\$0	\$0	\$0	(\$37,504)		(\$23,215)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$37,504		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,215
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,718,622	\$2,359,133	\$0	\$190,644	\$205,344	\$323,053	\$945,112	\$37,504	\$634,617	\$23,215
8	Total Nursing Facility Days As Filed Days = 7,287	FY22 Audited C/R Days	7,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,287	FY22 GL-PL Ins Rpt Days								7,287		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$647.55	\$323.75	\$0.00	\$26.16	\$72.51	(with L&H)	\$129.70	\$5.15	\$87.09	\$3.19
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.4300</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$226.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$226.40	\$0.00	\$26.16	\$72.51		\$129.70	\$5.15	\$87.09	\$3.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$36.63	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.72	\$117.25	\$0.00	\$26.16	\$33.22		\$38.83	\$5.15	11.92 (FRV)	\$3.19
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	\$235.72	\$117.25	\$0.00	\$26.16	\$33.22	\$0.00	\$38.83	\$5.15	\$11.92	\$3.19
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.7300</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$202.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$321.31	\$202.84	\$0.00	\$26.16	\$33.22	\$0.00	\$38.83	\$5.15	\$11.92	\$3.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Srvcs)	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 Srvcs)	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 PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$338.63	\$202.84	\$0.00	\$26.38	\$33.22	\$0.00	\$55.93	\$5.15	\$11.92	\$3.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$241.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: PRUITTHEALTH - LAUREL PARK, 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: 00908553A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5280	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		15.79%	0.0%	Quarterly Medicaid PDPM:			1.4893	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.78	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5198	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,678,992	\$3,786,431	\$0	\$557,681	\$830,020	\$0	\$1,300,002		\$204,858	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$353,501)	(\$86,641)	\$0	\$0	(\$2,525)	(\$3,416)	(\$241,106)		(\$19,813)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$315,944		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$13,397
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,654,832	\$3,699,790	\$0	\$557,681	\$827,495	(\$3,416)	\$1,058,896	\$315,944	\$185,045	\$13,397
8	Total Nursing Facility Days As Filed Days = 27,207	FY22 Audited C/R Days	27,207									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,207	FY22 GL-PL Ins Rpt Days								27,207		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.60	\$135.99	\$0.00	\$20.50	\$30.29	(with L&H)	\$38.92	\$11.61	\$6.80	\$0.49
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5280</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$89.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.00	\$0.00	\$20.50	\$30.29		\$38.92	\$11.61	\$6.80	\$0.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.88	\$89.00	\$0.00	\$20.50	\$30.29		\$38.83	\$11.61	22.16 (FRV)	\$0.49
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	\$212.88	\$89.00	\$0.00	\$20.50	\$30.29	\$0.00	\$38.83	\$11.61	\$22.16	\$0.49
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5198</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$135.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.14	\$135.26	\$0.00	\$20.50	\$30.29	\$0.00	\$38.83	\$11.61	\$22.16	\$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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$8.12	\$8.12								
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	\$26.38	\$8.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$285.52	\$143.91	\$0.00	\$20.72	\$30.70	\$0.00	\$55.93	\$11.61	\$22.16	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.32									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: ATRIUM HEALTH NAVICENT BALDWIN				<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: 00947658A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.3389	1.4040	
H/B ?: YES				Case Mix Per Diem Rate Effective Date: 04/01/25		BIMS	100.0%	5.5%	Quarterly Medicaid PDPM:			1.5800	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		6.15	0.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.6100	1.4812	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	Hosp Based	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 2021			FY2021 C/R -FY 2021 GL-PL Rpt	1,286,397		123,153	58,931	101,705	278,301	71,985	114,703	0	
Inflation (July 2022) @ 5.90%				75,897		7,266	9,478		16,420			0	
Patient Days			FY 2021 Cost Rpt	3,032		3,032	3,032		3,032	3,032	3,032	3,032	
Total Nursing Facility Days GL-PL Ins. Rpt			FY 21 GL-PL Ins Rpt Days										
Inflated NHC/ Patient Days				449.31		43.01	56.11		97.20	23.74	37.83	0.00	
Base Period Facility PDPM for all Residents				1.3389									
Routine Services PDPM Adjusted Net Per Diem				\$335.58									
Net Per Diems After PDPM Adjustments				\$593.47		\$43.01	\$56.11		\$97.20	\$23.74	\$37.83	0.00	
Per Diem Standards						\$30.35	\$33.22		\$38.83				
Base Period PDPM Adjusted Allowed Per Diem				\$264.51		\$30.35	\$33.22		\$38.83	\$23.74	21.12	0.00	
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)		
Growth Allowance 0.000%				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
PDPMA Allowed Per Diem After Growth Allowance				\$264.51	\$117.25	\$30.35	\$33.22		\$38.83	\$23.74	\$21.12	\$0.00	
Quarterly Facility PDPM for Medicaid Residents					1.6100								
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem					\$188.77								
Quarterly Medicaid PDPMA Allowed Per Diem				\$336.03	\$188.77	\$30.35	\$33.22		\$38.83	\$23.74	\$21.12	\$0.00	
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)				\$10.38	10.38								
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				\$27.48									
Quarterly PDPM Based Per Diem Rate				\$363.51	\$199.15	\$30.35	\$33.22		\$55.93	\$23.74	\$21.12	\$0.00	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%			\$259.81										

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ZEBULON PARK 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: 003125041B				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5326	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.00%	1.0%	Quarterly Medicaid PDPM:			1.2557	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.45	6.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2802	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,578,932	\$2,813,407	\$0	\$475,566	\$636,789	\$0	\$1,071,640		\$581,530	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$5,219)	\$0	\$0	\$0	(\$1,002)	(\$1,446)	\$17,189		(\$19,960)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,480		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,883
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,645,076	\$2,813,407	\$0	\$475,566	\$635,787	(\$1,446)	\$1,088,829	\$51,480	\$561,570	\$19,883
8	Total Nursing Facility Days As Filed Days = 20,919	FY22 Audited C/R Days	20,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,919	FY22 GL-PL Ins Rpt Days								20,919		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$269.84	\$134.49	\$0.00	\$22.73	\$30.32	(with L&H)	\$52.05	\$2.46	\$26.84	\$0.95
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.5326</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.75								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.75	\$0.00	\$22.73	\$30.32		\$52.05	\$2.46	\$26.84	\$0.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.54	\$87.75	\$0.00	\$22.73	\$30.32		\$38.83	\$2.46	36.50 (FRV)	\$0.95
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	\$219.54	\$87.75	\$0.00	\$22.73	\$30.32	\$0.00	\$38.83	\$2.46	\$36.50	\$0.95
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2802</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$112.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.13	\$112.34	\$0.00	\$22.73	\$30.32	\$0.00	\$38.83	\$2.46	\$36.50	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>6.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.74	\$6.74								
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	\$26.12	\$8.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$270.25	\$120.73	\$0.00	\$22.95	\$30.73	\$0.00	\$55.93	\$2.46	\$36.50	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.86									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ANSLEY PARK 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: 003136416A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2906	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.45%	1.0%	Quarterly Medicaid PDPM:			1.3289	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.88	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3555	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,601,021	\$2,408,553	\$0	\$413,316	\$516,839	\$0	\$892,047		\$370,266	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	\$48,481	\$0	\$0	\$0	\$0	(\$1)	\$67,498		(\$19,016)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$51,480		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$19,016
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,719,998	\$2,408,553	\$0	\$413,316	\$516,839	(\$1)	\$959,545	\$51,480	\$351,250	\$19,016
8	Total Nursing Facility Days As Filed Days = 15,019	FY22 Audited C/R Days	15,019									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,019	FY22 GL-PL Ins Rpt Days								15,019		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$314.28	\$160.37	\$0.00	\$27.52	\$34.41	(with L&H)	\$63.89	\$3.43	\$23.39	\$1.27
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2906</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$124.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.26	\$0.00	\$27.52	\$34.41		\$63.89	\$3.43	\$23.39	\$1.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$261.72	\$117.25	\$0.00	\$27.52	\$33.22		\$38.83	\$3.43	40.20 (FRV)	\$1.27
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	\$261.72	\$117.25	\$0.00	\$27.52	\$33.22	\$0.00	\$38.83	\$3.43	\$40.20	\$1.27
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3555</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$158.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.40	\$158.93	\$0.00	\$27.52	\$33.22	\$0.00	\$38.83	\$3.43	\$40.20	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.95	\$7.95								
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	\$26.86	\$9.54	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$330.26	\$168.47	\$0.00	\$27.74	\$33.22	\$0.00	\$55.93	\$3.43	\$40.20	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$234.87									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: STEVENS PARK 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: 003143404A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2907	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		6.90%	0.0%	Quarterly Medicaid PDPM:			1.2241	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.84	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2476	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,393,174	\$1,662,226	\$0	\$392,134	\$424,710	\$0	\$749,582		\$164,522	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$8,670	(\$112,880)	\$0	\$0	\$1,418	\$1,094	\$127,575		(\$8,537)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$32,760		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$8,573
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,443,177	\$1,549,346	\$0	\$392,134	\$426,128	\$1,094	\$877,157	\$32,760	\$155,985	\$8,573
8	Total Nursing Facility Days As Filed Days = 12,754	FY22 Audited C/R Days	12,684									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,754	FY22 GL-PL Ins Rpt Days								12,684		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$271.46	\$122.15	\$0.00	\$30.92	\$33.68	(with L&H)	\$69.15	\$2.58	\$12.30	\$0.68
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2907</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.64	\$0.00	\$30.92	\$33.68		\$69.15	\$2.58	\$12.30	\$0.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.52	\$94.64	\$0.00	\$30.35	\$33.22		\$38.83	\$2.58	35.22 (FRV)	\$0.68
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	\$235.52	\$94.64	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.58	\$35.22	\$0.68
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2476</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$118.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$258.95	\$118.07	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$2.58	\$35.22	\$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)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$21.17	\$4.07	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$280.12	\$122.14	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$2.58	\$35.22	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$197.27									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: CHELSEY PARK 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: 003165720A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3744	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		14.00%	0.0%	Quarterly Medicaid PDPM:			1.3554	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.93	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3824	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,422,483	\$2,222,524	\$0	\$413,802	\$453,764	\$0	\$883,289		\$449,104	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$26,490)	\$0	\$0	\$0	(\$1,435)	(\$2,488)	\$1,601		(\$24,168)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,959
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,466,752	\$2,222,524	\$0	\$413,802	\$452,329	(\$2,488)	\$884,890	\$46,800	\$424,936	\$23,959
8	Total Nursing Facility Days As Filed Days = 16,347	FY22 Audited C/R Days	16,347									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,347	FY22 GL-PL Ins Rpt Days								16,347		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$273.24	\$135.96	\$0.00	\$25.31	\$27.52	(with L&H)	\$54.13	\$2.86	\$25.99	\$1.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3744</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$98.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.92	\$0.00	\$25.31	\$27.52		\$54.13	\$2.86	\$25.99	\$1.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$233.61	\$98.92	\$0.00	\$25.31	\$27.52		\$38.83	\$2.86	38.70 (FRV)	\$1.47
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	\$233.61	\$98.92	\$0.00	\$25.31	\$27.52	\$0.00	\$38.83	\$2.86	\$38.70	\$1.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3824</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.44	\$136.75	\$0.00	\$25.31	\$27.52	\$0.00	\$38.83	\$2.86	\$38.70	\$1.47
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 Srvcs)	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 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	\$23.73	\$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$295.17	\$142.75	\$0.00	\$25.53	\$27.93	\$0.00	\$55.93	\$2.86	\$38.70	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.55									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: HARRINGTON PARK 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: 003165726A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3913	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.15%	2.5%	Quarterly Medicaid PDPM:			1.2622	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.79	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.2876	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,723,141	\$2,252,172	\$0	\$493,701	\$504,797	\$0	\$1,078,188		\$394,283	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmnts	\$16,192	(\$2,424)	\$0	\$0	\$6,250	\$2,154	\$31,804		(\$21,592)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$45,240		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$20,641
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,805,214	\$2,249,748	\$0	\$493,701	\$511,047	\$2,154	\$1,109,992	\$45,240	\$372,691	\$20,641
8	Total Nursing Facility Days As Filed Days = 17,092	FY22 Audited C/R Days	17,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,092	FY22 GL-PL Ins Rpt Days								17,096		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.08	\$131.59	\$0.00	\$28.88	\$30.02	(with L&H)	\$64.93	\$2.65	\$21.80	\$1.21
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3913</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$94.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.58	\$0.00	\$28.88	\$30.02		\$64.93	\$2.65	\$21.80	\$1.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$236.46	\$94.58	\$0.00	\$28.88	\$30.02		\$38.83	\$2.65	40.29 (FRV)	\$1.21
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	\$236.46	\$94.58	\$0.00	\$28.88	\$30.02	\$0.00	\$38.83	\$2.65	\$40.29	\$1.21
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.2876</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$121.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.66	\$121.78	\$0.00	\$28.88	\$30.02	\$0.00	\$38.83	\$2.65	\$40.29	\$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 = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$27.39	\$9.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$291.05	\$131.44	\$0.00	\$29.10	\$30.43	\$0.00	\$55.93	\$2.65	\$40.29	\$1.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$205.46									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.3751	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		29.69%	1.0%	Quarterly Medicaid PDPM:			1.3783	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		4.69	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.4056	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$19,942,348	\$9,296,921	\$0	\$1,722,137	\$2,220,906	\$0	\$6,148,773		\$553,611	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$168,068)	(\$6,090)	\$0	\$0	\$0	\$0	(\$144,699)		(\$17,279)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$17,279
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$19,791,559	\$9,290,831	\$0	\$1,722,137	\$2,220,906	\$0	\$6,004,074	\$0	\$536,332	\$17,279
8	Total Nursing Facility Days As Filed Days = 49,397	FY22 Audited C/R Days	49,397									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,397	FY22 GL-PL Ins Rpt Days								49,397		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$400.66	\$188.08	\$0.00	\$34.86	\$44.96	(with L&H)	\$121.55	\$0.00	\$10.86	\$0.35
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3751</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$136.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$136.78	\$0.00	\$34.86	\$44.96		\$121.55	\$0.00	\$10.86	\$0.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$237.09	\$117.25	\$0.00	\$30.35	\$33.22		\$38.83	\$0.00	17.09 (FRV)	\$0.35
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	\$237.09	\$117.25	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$0.00	\$17.09	\$0.35
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.4056</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$164.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$284.65	\$164.81	\$0.00	\$30.35	\$33.22	\$0.00	\$38.83	\$0.00	\$17.09	\$0.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$23.69	\$6.59	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$308.34	\$171.40	\$0.00	\$30.35	\$33.22	\$0.00	\$55.93	\$0.00	\$17.09	\$0.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.43									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: MEADOWS PARK 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: 003167911A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2699	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		22.22%	1.0%	Quarterly Medicaid PDPM:			1.3433	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.77	5.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.3696	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,494,771	\$3,596,629	\$0	\$575,471	\$610,145	\$0	\$1,263,419		\$449,107	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$32,655)	\$0	\$0	\$0	\$0	\$0	(\$9,046)		(\$23,609)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$58,500		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$23,609
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,544,225	\$3,596,629	\$0	\$575,471	\$610,145	\$0	\$1,254,373	\$58,500	\$425,498	\$23,609
8	Total Nursing Facility Days As Filed Days = 24,403	FY22 Audited C/R Days	24,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,403	FY22 GL-PL Ins Rpt Days								24,515		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$266.95	\$146.71	\$0.00	\$23.47	\$24.89	(with L&H)	\$51.17	\$2.39	\$17.36	\$0.96
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2699</u>								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$115.53								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$23.47	\$24.89		\$51.17	\$2.39	\$17.36	\$0.96
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.58	\$115.53	\$0.00	\$23.47	\$24.89		\$38.83	\$2.39	32.51 (FRV)	\$0.96
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	\$238.58	\$115.53	\$0.00	\$23.47	\$24.89	\$0.00	\$38.83	\$2.39	\$32.51	\$0.96
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3696</u>								
18	Qtrtly Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$158.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$281.28	\$158.23	\$0.00	\$23.47	\$24.89	\$0.00	\$38.83	\$2.39	\$32.51	\$0.96
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 = <u>1.0%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$1.58	\$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$7.91	\$7.91								
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	\$27.75	\$10.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$309.03	\$168.25	\$0.00	\$23.69	\$25.30	\$0.00	\$55.93	\$2.39	\$32.51	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$218.95									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ROCKMART HEALTH				<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: 003182988A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.2139	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		34.15%	2.5%	Quarterly Medicaid PDPM:			1.2929	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.83	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3190	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,719,635	\$1,724,071	\$0	\$607,553	\$488,246	\$0	\$623,132		\$276,633	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$90,373)	\$0	\$0	\$0	\$0	\$25	(\$62,474)		(\$27,924)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$61,116		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$27,924
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,718,302	\$1,724,071	\$0	\$607,553	\$488,246	\$25	\$560,658	\$61,116	\$248,709	\$27,924
8	Total Nursing Facility Days As Filed Days = 14,666	FY22 Audited C/R Days	14,666									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,666	FY22 GL-PL Ins Rpt Days								14,666		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.54	\$117.56	\$0.00	\$41.43	\$33.29	(with L&H)	\$38.23	\$4.17	\$16.96	\$1.90
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2139</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$96.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$41.43	\$33.29		\$38.23	\$4.17	\$16.96	\$1.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.12	\$96.84	\$0.00	\$30.35	\$33.22		\$38.23	\$4.17	10.41 (FRV)	\$1.90
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	\$215.12	\$96.84	\$0.00	\$30.35	\$33.22	\$0.00	\$38.23	\$4.17	\$10.41	\$1.90
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3190</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$127.73								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.01	\$127.73	\$0.00	\$30.35	\$33.22	\$0.00	\$38.23	\$4.17	\$10.41	\$1.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.39	\$6.39								
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	\$27.58	\$10.11	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$273.59	\$137.84	\$0.00	\$30.35	\$33.22	\$0.00	\$55.70	\$4.17	\$10.41	\$1.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.37									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY				<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: 003185378A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.4065	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		47.13%	5.5%	Quarterly Medicaid PDPM:			1.3313	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.19	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3578	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$9,215,317	\$5,224,539	\$0	\$739,912	\$832,077	\$0	\$1,502,727		\$916,062	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$252,972)	(\$1,387)	\$0	\$0	(\$4,181)	(\$10,859)	(\$153,006)		(\$83,539)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$155,599		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$82,674
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$9,200,618	\$5,223,152	\$0	\$739,912	\$827,896	(\$10,859)	\$1,349,721	\$155,599	\$832,523	\$82,674
8	Total Nursing Facility Days As Filed Days = 36,805	FY22 Audited C/R Days	36,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,805	FY22 GL-PL Ins Rpt Days								36,805		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.98	\$141.91	\$0.00	\$20.10	\$22.20	(with L&H)	\$36.67	\$4.23	\$22.62	\$2.25
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.4065								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$100.89								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.89	\$0.00	\$20.10	\$22.20		\$36.67	\$4.23	\$22.62	\$2.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$203.02	\$100.89	\$0.00	\$20.10	\$22.20		\$36.67	\$4.23	16.68 (FRV)	\$2.25
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	\$203.02	\$100.89	\$0.00	\$20.10	\$22.20	\$0.00	\$36.67	\$4.23	\$16.68	\$2.25
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.3578								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$136.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.12	\$136.99	\$0.00	\$20.10	\$22.20	\$0.00	\$36.67	\$4.23	\$16.68	\$2.25
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>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.53	\$7.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$30.27	\$12.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.39	\$149.16	\$0.00	\$20.32	\$22.61	\$0.00	\$54.14	\$4.23	\$16.68	\$2.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.22									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 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 PDPMCMI:			1.2888	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		73.91%	5.5%	Quarterly Medicaid PDPM:			1.2772	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.61	5.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3029	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,799,293	\$3,951,225	\$0	\$624,234	\$932,649	\$0	\$1,422,698		\$868,487	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$208,016)	(\$5,635)	\$0	\$0	\$0	\$0	(\$135,963)		(\$66,418)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$66,418
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,735,695	\$3,945,590	\$0	\$624,234	\$932,649	\$0	\$1,286,735	\$78,000	\$802,069	\$66,418
8	Total Nursing Facility Days As Filed Days = 30,894	FY22 Audited C/R Days	30,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,894	FY22 GL-PL Ins Rpt Days								30,894		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.39	\$127.71	\$0.00	\$20.21	\$30.19	(with L&H)	\$41.65	\$2.52	\$25.96	\$2.15
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.2888</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$99.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.10	\$0.00	\$20.21	\$30.19		\$41.65	\$2.52	\$25.96	\$2.15
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$99.10	\$0.00	\$20.21	\$30.19		\$38.83	\$2.52	26.46 (FRV)	\$2.15
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	\$219.46	\$99.10	\$0.00	\$20.21	\$30.19	\$0.00	\$38.83	\$2.52	\$26.46	\$2.15
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3029</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$129.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.48	\$129.12	\$0.00	\$20.21	\$30.19	\$0.00	\$38.83	\$2.52	\$26.46	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs)	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	\$31.82	\$14.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$281.30	\$143.21	\$0.00	\$20.43	\$30.60	\$0.00	\$55.93	\$2.52	\$26.46	\$2.15
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.15									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: OCEANSIDE 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: 003188970A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3387	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		26.92%	1.0%	Quarterly Medicaid PDPM:			1.3191	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.03	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.3449	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$5,611,174	\$3,181,240	\$0	\$322,049	\$614,141	\$0	\$786,932		\$706,812	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$226,808)	\$0	\$0	\$0	\$0	\$0	(\$118,051)		(\$108,757)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$117,928		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$108,757
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$5,611,051	\$3,181,240	\$0	\$322,049	\$614,141	\$0	\$668,881	\$117,928	\$598,055	\$108,757
8	Total Nursing Facility Days As Filed Days = 22,156	FY22 Audited C/R Days	22,156									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,156	FY22 GL-PL Ins Rpt Days								22,156		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.25	\$143.58	\$0.00	\$14.54	\$27.72	(with L&H)	\$30.19	\$5.32	\$26.99	\$4.91
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3387</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$107.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.25	\$0.00	\$14.54	\$27.72		\$30.19	\$5.32	\$26.99	\$4.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.13	\$107.25	\$0.00	\$14.54	\$27.72		\$30.19	\$5.32	18.20 (FRV)	\$4.91
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	\$208.13	\$107.25	\$0.00	\$14.54	\$27.72	\$0.00	\$30.19	\$5.32	\$18.20	\$4.91
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3449</u>								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$144.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.12	\$144.24	\$0.00	\$14.54	\$27.72	\$0.00	\$30.19	\$5.32	\$18.20	\$4.91
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
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	\$24.40	\$6.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$269.52	\$150.54	\$0.00	\$14.76	\$28.13	\$0.00	\$47.66	\$5.32	\$18.20	\$4.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.32									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: BOSTICK NURSING 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: 003192286A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.0507	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		17.24%	0.0%	Quarterly Medicaid PDPM:			1.5235	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.69	1.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.5544	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$15,942,955	\$8,850,424	\$0	\$1,930,548	\$1,827,185	\$0	\$1,517,533		\$1,817,265	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$447,585)	\$118,384	\$0	\$0	\$0	\$0	(\$260,924)		(\$305,045)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$209,529		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$305,045
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$16,009,944	\$8,968,808	\$0	\$1,930,548	\$1,827,185	\$0	\$1,256,609	\$209,529	\$1,512,220	\$305,045
8	Total Nursing Facility Days As Filed Days = 75,720	FY22 Audited C/R Days	75,720									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 75,720	FY22 GL-PL Ins Rpt Days								75,720		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.45	\$118.45	\$0.00	\$25.50	\$24.13	(with L&H)	\$16.60	\$2.77	\$19.97	\$4.03
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.0507</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$112.73								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$112.73	\$0.00	\$25.50	\$24.13		\$16.60	\$2.77	\$19.97	\$4.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.32	\$112.73	\$0.00	\$25.50	\$24.13		\$16.60	\$2.77	21.56 (FRV)	\$4.03
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	\$207.32	\$112.73	\$0.00	\$25.50	\$24.13	\$0.00	\$16.60	\$2.77	\$21.56	\$4.03
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5544</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$175.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$269.82	\$175.23	\$0.00	\$25.50	\$24.13	\$0.00	\$16.60	\$2.77	\$21.56	\$4.03
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.75	\$1.75								
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	\$20.38	\$2.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$290.20	\$177.51	\$0.00	\$25.72	\$24.54	\$0.00	\$34.07	\$2.77	\$21.56	\$4.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.83									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GLEN EAGLE HEALTHCARE 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: 003214231A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3200	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		19.30%	0.0%	Quarterly Medicaid PDPM:			1.5426	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.90	3.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.5732	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$4,785,843	\$2,541,105	\$0	\$424,115	\$475,567	\$0	\$973,239		\$371,817	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$110,999)	\$0	\$0	\$0	\$0	\$0	(\$53,751)		(\$57,248)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$63,207		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$57,248
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$4,795,299	\$2,541,105	\$0	\$424,115	\$475,567	\$0	\$919,488	\$63,207	\$314,569	\$57,248
8	Total Nursing Facility Days As Filed Days = 22,953	FY22 Audited C/R Days	22,953									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,953	FY22 GL-PL Ins Rpt Days								22,953		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.91	\$110.71	\$0.00	\$18.48	\$20.72	(with L&H)	\$40.06	\$2.75	\$13.70	\$2.49
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.3200								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$83.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.87	\$0.00	\$18.48	\$20.72		\$40.06	\$2.75	\$13.70	\$2.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.69	\$83.87	\$0.00	\$18.48	\$20.72		\$38.83	\$2.75	11.55 (FRV)	\$2.49
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	\$178.69	\$83.87	\$0.00	\$18.48	\$20.72	\$0.00	\$38.83	\$2.75	\$11.55	\$2.49
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.5732								
18	Qtrtry Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.76	\$131.94	\$0.00	\$18.48	\$20.72	\$0.00	\$38.83	\$2.75	\$11.55	\$2.49
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 = <u>0.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.22	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$248.98	\$136.43	\$0.00	\$18.70	\$21.13	\$0.00	\$55.93	\$2.75	\$11.55	\$2.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.91									

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
Prvdr ID: 003245344A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			1.6011	1.4040
H/B ?: No				PDPM Per Diem Rate Effective Date: 04/01/25		BIMS: 52.6%	5.5%	Quarterly Medicaid PDPM:			1.4158	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		1.32	0.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4447	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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 PDPMA for Routine Svcs)												
<u>Allowed @ 90% of Std</u>												
Growth Allowance 0.00%												
PDPMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility PDPM for Medicaid Residents												
Qrtly Routine Svcs PDPM Adjstd (PDPMA) Net Per Diem												
Quarterly Medicaid PDPMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% o Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly PDPM Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		\$218.01										

FINALReimbursement Services - DCH/DFM

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: PruittHealth - Creekside			<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: 003310647A			Growth Allowance:		N/A	0.00%	Base Period Overall PDPM:			Use Stwd	1.4040	
H/B ?: No			PDPM Per Diem Rate Effective Date: 04/01/25		BIMS: 21.4%	1.0%	Quarterly Medicaid PDPM:			1.4582	1.4519	
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24			Nurse Hours per On-Site Day/Quality Incentive: 6.78		3.0%	Qtrly Mcaid PDPM w RUG Wght Options:			1.4879	1.4812		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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				FY2022 GL-PL Ins. Rpt						\$0.00		
Total Nursing Facility Days GL-PL Ins. Rpt				FY2022 GL-PL Ins. Rpt						0		
Standard Per Diem (After PDPMA for Routine Svcs)				FY 2022 Peer Group Limit								
<u>Allowed @ 90% of Std</u>												
Growth Allowance 0.00%				\$218.68	\$117.25	\$30.35	\$33.22		\$38.83		\$20.98	\$0.00
				\$0.00	\$105.53	\$27.32	\$29.90		\$34.95		\$20.98	\$0.00
PDPMA Allowed Per Diem (After Growth Allowance)				\$218.68	\$105.53	\$0.00	\$0.00		\$0.00			
Quarterly Facility PDPM for Medicaid Residents					\$105.53	\$27.32	\$29.90		\$34.95	\$	-	\$0.00
Qrtly Routine Svcs PDPMA Adjstd (PDPMA) Net Per Diem					1.4879						20.98	\$0.00
					1.4879						<i>(FRV Rate)</i>	
Qrtly Routine Svcs PDPMA Adjstd (PDPMA) Net Per Diem					\$157.02							
Quarterly Medicaid PDPMA Allowed Per Diem				\$274.20	\$157.02	\$27.32	\$29.90		\$34.95	4.03	\$20.98	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% o Routine Svcs)				\$1.57	\$1.57							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$4.71	\$4.71							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$23.38								
Quarterly PDPM Based Per Diem Rate				\$297.58	\$163.30	\$27.32	\$29.90		\$52.05	4.03	\$20.98	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$210.36								

Quarterly Case Mix Per Diem Calculation

FINAL[illegible]

* 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 PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD				<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: 321026473A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3447	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		25.40%	1.0%	Quarterly Medicaid PDPM:			1.3059	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		3.47	3.0%	Qtrtrly Mcaid PDPM w RUG Wght Options:			1.3311	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$7,163,309	\$3,515,972	\$0	\$590,762	\$901,648	\$0	\$1,426,055		\$728,872	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$235,729)	\$6,192	\$0	\$0	\$1,398	\$1,562	(\$146,009)		(\$98,872)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$200,583		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$99,196
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$7,227,359	\$3,522,164	\$0	\$590,762	\$903,046	\$1,562	\$1,280,046	\$200,583	\$630,000	\$99,196
8	Total Nursing Facility Days As Filed Days = 30,206	FY22 Audited C/R Days	30,206									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,206	FY22 GL-PL Ins Rpt Days								30,206		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.27	\$116.60	\$0.00	\$19.56	\$29.95	(with L&H)	\$42.38	\$6.64	\$20.86	\$3.28
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3447</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$86.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.71	\$0.00	\$19.56	\$29.95		\$42.38	\$6.64	\$20.86	\$3.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.38	\$86.71	\$0.00	\$19.56	\$29.95		\$38.83	\$6.64	13.41 (FRV)	\$3.28
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	\$198.38	\$86.71	\$0.00	\$19.56	\$29.95	\$0.00	\$38.83	\$6.64	\$13.41	\$3.28
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.3311</u>								
18	Qtrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$115.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.09	\$115.42	\$0.00	\$19.56	\$29.95	\$0.00	\$38.83	\$6.64	\$13.41	\$3.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Srvcs)	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	\$22.87	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.96	\$120.56	\$0.00	\$19.78	\$30.36	\$0.00	\$55.93	\$6.64	\$13.41	\$3.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.65									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: GLENWOOD HEALTHCARE				<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: 701562744A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.3499	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		20.51%	1.0%	Quarterly Medicaid PDPM:			1.4749	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.52	2.0%	Qtrtly Mcaid PDPM w RUG Wght Options:			1.5044	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$3,528,493	\$1,698,263	\$0	\$325,796	\$327,456	\$0	\$484,050		\$692,928	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$70,509)	(\$4,370)	\$0	\$0	\$0	\$0	(\$45,035)		(\$21,104)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$43,329		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$21,104
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$3,522,417	\$1,693,893	\$0	\$325,796	\$327,456	\$0	\$439,015	\$43,329	\$671,824	\$21,104
8	Total Nursing Facility Days As Filed Days = 14,326	FY22 Audited C/R Days	14,326									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,326	FY22 GL-PL Ins Rpt Days								14,326		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.87	\$118.24	\$0.00	\$22.74	\$22.86	(with L&H)	\$30.64	\$3.02	\$46.90	\$1.47
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		<u>1.3499</u>								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$87.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.59	\$0.00	\$22.74	\$22.86		\$30.64	\$3.02	\$46.90	\$1.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.44	\$87.59	\$0.00	\$22.74	\$22.86		\$30.64	\$3.02	14.12 (FRV)	\$1.47
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	\$182.44	\$87.59	\$0.00	\$22.74	\$22.86	\$0.00	\$30.64	\$3.02	\$14.12	\$1.47
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		<u>1.5044</u>								
18	Qtrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$131.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.62	\$131.77	\$0.00	\$22.74	\$22.86	\$0.00	\$30.64	\$3.02	\$14.12	\$1.47
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 Srvcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
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	\$22.59	\$4.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$249.21	\$136.26	\$0.00	\$22.96	\$23.27	\$0.00	\$48.11	\$3.02	\$14.12	\$1.47
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.08									

Quarterly PDPM Based Per Diem Rate Calculations
Based On Appeal Audited FY2022 Cost Report Data

FINAL

Provider: EVERGREEN 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: 835154999A				Growth Allowance:		N/A	0.00%	Base Period Overall PDPMCMI:			1.5420	1.4040
PDPM Per Diem Rate Effective Date: 4/1/2025				Qtrly BIMS score		86.90%	5.5%	Quarterly Medicaid PDPM:			1.8379	1.4519
MDS & Nurse Hrs Data per Quarter Ending: 12/31/24				Nurse Hours per On-Site Day/Quality Incentive:		2.58	4.0%	Qtrtry Mcaid PDPM w RUG Wght Options:			1.8740	1.4812
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>PDPM 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 FY22 C/R - FY22 GL/PL Rpt	\$6,810,586	\$3,919,928	\$0	\$645,928	\$651,027	\$0	\$1,559,142		\$34,561	\$0
6	Audit Appeal Adjustments and Reallocations to Cost Center Costs	FY22 C/R Audit Adjstmts	(\$518,699)	(\$289,797)	\$0	(\$2,824)	(\$704)	(\$812)	(\$195,554)		(\$29,008)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY22 GL/PL Rpt								\$243,115		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY22 C/R										\$28,980
7	Cost Center Costs After Audit Appeal Adjustments	FY22 Audited C/R	\$6,563,982	\$3,630,131	\$0	\$643,104	\$650,323	(\$812)	\$1,363,588	\$243,115	\$5,553	\$28,980
8	Total Nursing Facility Days As Filed Days = 32,388	FY22 Audited C/R Days	32,690									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,388	FY22 GL-PL Ins Rpt Days								32,690		
9	Net Per Diems prior to PDPM Adjstmt to Routine SrvcS	Ln 7 / Ln 8 Col a	\$200.80	\$111.05	\$0.00	\$19.67	\$19.87	(with L&H)	\$41.71	\$7.44	\$0.17	\$0.89
10	Base Period Facility <u>PDPM</u> for All Residents	from 4 qtrs of FY22		1.5420								
11	Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		\$72.02								
12	Net Per Diems after PDPM Adjstmt to Routine SrvcS	RS = Ln 11, AllOthr = Ln 9		\$72.02	\$0.00	\$19.67	\$19.87		\$41.71	\$7.44	\$0.17	\$0.89
13	Per Diem Standards (After Statewide PDPM for Routine SrvcS)	per Peer Group Limits		\$117.25		\$30.35	\$33.22		\$38.83	\$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.91	\$72.02	\$0.00	\$19.67	\$19.87		\$38.83	\$7.44	8.19 (FRV)	\$0.89
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	\$166.91	\$72.02	\$0.00	\$19.67	\$19.87	\$0.00	\$38.83	\$7.44	\$8.19	\$0.89
17	Quarterly Facility <u>PDPM</u> for Medicaid Residents	per Current Qtr End		1.8740								
18	Qtrtry Routine SrvcS PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		\$134.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.86	\$134.97	\$0.00	\$19.67	\$19.87	\$0.00	\$38.83	\$7.44	\$8.19	\$0.89
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 = <u>5.5%</u> (to Routine SrvcS)	Ln 19 Col b x CPS Add-on	\$7.42	\$7.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine SrvcS)	Ln 19 Col b x Stfng Add-on	\$5.40	\$5.40								
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	\$31.08	\$13.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly PDPM Based Per Diem Rate	Ln 19 + Ln 24	\$260.94	\$148.32	\$0.00	\$19.89	\$20.28	\$0.00	\$55.93	\$7.44	\$8.19	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.88									