

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: A.G. Rhodes Home - Cobb, 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: 00493292A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.4016	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		33.3%	2.5%	Quarterly Medicaid CMI:				1.6051	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.79	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6362	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$9,531,009.00	\$4,993,930	\$0	\$1,050,501	\$664,422	\$555,658	\$1,756,281	\$117,033	\$393,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$4,688)	\$14,078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	\$4,930,179	\$0	\$1,013,284	\$674,161	\$557,852	\$1,550,927	\$117,033	\$388,496	\$14,078
8	Total Nursing Facility Days As Filed Days = 45,950	FY12 Audited C/R Days	45,950									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days								24,825		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22.05	\$26.81		\$33.75	\$4.71	\$8.45	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51 (FRV)	\$0.31
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.64	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6362								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.49	\$138.50	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.71	\$15.51	\$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$4.16	\$4.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.72	\$7.62	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.21	\$146.12	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.71	\$15.51	\$0.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: A.G. Rhodes Home at Wesley Woods, 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: 00040818A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4319	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		54.6%	5.5%	Quarterly Medicaid CMI:			1.9420	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		4.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9810	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572.00	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days = 51,585	FY12 Audited C/R Days	51,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$202.80	\$107.56	\$0.00	\$16.71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4319								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0.00	\$9.25	\$0.26
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92 (FRV)	\$0.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.23	\$13.14	\$0.00	\$3.07	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.28	\$84.65	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9810								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$167.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.32	\$167.69	\$0.00	\$19.78	\$27.33	\$0.00	\$24.34	\$0.00	\$16.92	\$0.26
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Slnd - 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 = 5.5% (to Routine Svcs)	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 Svcs)	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	\$31.57	\$14.25	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$287.89	\$181.94	\$0.00	\$20.00	\$27.33	\$0.00	\$41.44	\$0.00	\$16.92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$203.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: 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	18.37%	Base Period Overall CMI:				1.3781	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		44.3%	2.5%	Quarterly Medicaid CMI:				1.6568	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6882	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897.00	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)		(\$15,506)	\$13,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591
8	Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL Ins Rpt Days								47,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3781								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33.80	\$0.00	\$6.48	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83 (FRV)	\$0.28
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6882								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.48	\$142.91	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$0.00	\$16.83	\$0.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.96	\$7.86	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.44	\$150.77	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$0.00	\$16.83	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Abercorn Rehabilitation Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083025A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.5995	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 40.4%		40.4%	2.5%	Quarterly Medicaid CMI:				1.6471	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.96		2.96	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6779	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788.00	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)		(\$63,055)	\$66,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								30,185		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5995								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.52	\$15.50		\$31.49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.82	\$56.11	\$0.00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00	\$3.03	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.79	\$66.42	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6779								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.82	\$111.45	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.28	\$5.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.10	\$117.00	\$0.00	\$19.77	\$18.76	\$0.00	\$41.44	\$3.36	\$9.70	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.25									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Advanced Health and Rehab of Twiggs County				<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: 003185378A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ?: No				Case Mix Per Diem Rate Effective Date: 01/01/21		BIMS: 34.2%	2.5%	Quarterly Medicaid CMI:			1.6994	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.69	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7322	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 54,437		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,482		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$15.71	\$0.00
	<u>Allowed @ 95% of Std</u>		\$142.60	\$67.93		\$17.49	\$21.94		\$19.53		\$15.71	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$167.97	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.06	\$15.71	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.7322</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$139.28								
	Quarterly Medicaid CMA Allowed Per Diem		\$226.84	\$139.28		\$20.70	\$25.97		\$23.12	\$2.06	\$15.71	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$3.48	\$3.48								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.79	\$2.79								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.37									
	Quarterly Case Mix Based Per Diem Rate		\$250.21	\$145.55		\$20.70	\$25.97		\$40.22	\$2.06	\$15.71	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$174.83										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Altamaha Healthcare Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140027A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.4937	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.10	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5314	1.5438	
										1.5576	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153.00	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855		\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34 (FRV)	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.81	\$7.30	\$0.00	\$2.18	\$2.60	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.05	\$47.06	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5576								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.29	\$73.30	\$0.00	\$14.03	\$16.73	\$0.00	\$24.06	\$0.63	\$7.34	\$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)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.20	\$2.20								
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	\$21.36	\$3.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$158.65	\$76.76	\$0.00	\$14.25	\$17.14	\$0.00	\$41.33	\$0.63	\$7.34	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Amara 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: 00140049A			Growth Allowance: N/A			N/A	18.37%	Base Period Overall CMI: 1.1730			1.1730	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			36.1%	2.5%	Quarterly Medicaid CMI: 1.5531			1.5531	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 4.11			4.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5811			1.5811	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054.00	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25.13	\$3.19	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3.19	10.66 (FRV)	\$0.41
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.90	\$9.30	\$0.00	\$2.21	\$2.61	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.57	\$59.92	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5811								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.39	\$94.74	\$0.00	\$14.23	\$16.82	\$0.00	\$24.34	\$3.19	\$10.66	\$0.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.47	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.86	\$100.48	\$0.00	\$14.45	\$17.23	\$0.00	\$41.44	\$3.19	\$10.66	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Anderson Mill Health & Rehab Prvdr ID: 00140379A Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 3.59		<u>Facility Score</u> N/A 40.0% 3.59	<u>Add-on Percent</u> 18.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4753 Quarterly Medicaid CMI: 1.7260 Qtrly Mcaid CMI w RUG Wght Options: 1.7579			<u>Facility Specific</u> 1.4753 1.7260 1.7579	<u>State-wide</u> 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	2 <i>Free Standing All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>	1 <i>All Facilities All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,774,776.96	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-PL Ins Rpt Days								44,121		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4753								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.86	\$0.00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86 (FRV)	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$18.77	\$9.71	\$0.00	\$2.45	\$2.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.57	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7579								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.68	\$109.99	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
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	\$23.21	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.89	\$115.47	\$0.00	\$16.01	\$18.64	\$0.00	\$41.44	\$9.34	\$8.86	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.34									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 16.1% Nurse Hours per On-Site Day/Quality Incentive: 4.30		Facility Score N/A	Add-on Percent 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3334 Quarterly Medicaid CMI: 1.3575 Qtrly Mcaid CMI w RUG Wght Options: 1.3575			Facility Specific Use Stwd: 1.3617 1.5438 1.5713	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 62,514		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								20,721		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	\$5.82
<u>Allowed @ 95% of Std</u>			\$172.42	\$67.93		\$17.49	\$21.94		\$19.53		\$39.71	\$5.82
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$198.75	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.02	\$39.71	\$5.82
Quarterly Facility Case Mix Index for Medicaid Residents				1.3575							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$109.15								
Quarterly Medicaid CMA Allowed Per Diem			\$227.50	\$109.15		\$20.70	\$25.97		\$23.12	\$3.02	\$39.71	\$5.82
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 0.0% o Routine Svcs)			\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.27	\$3.27								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$20.37									
Quarterly Case Mix Based Per Diem Rate			\$247.87	\$112.43		\$20.70	\$25.97		\$40.22	\$3.02	\$39.71	\$5.82
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$173.08										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Appling Nursing and Rehab Pavillion				<u>Add-on Data and Percentages</u>		<u>Facility 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	18.37%	Base Period Overall CMI:			1.0796	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		22.7%	1.0%	Quarterly Medicaid CMI:			1.1462	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		2.33	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1607	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383.00	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0796								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.91	\$13.14	\$0.00	\$4.80	\$4.24	\$0.00	\$3.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.72	\$84.65	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1607								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.32	\$98.25	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$2.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.78	\$101.20	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	\$5.94	\$28.86	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.01									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ? : No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 37.7% 3.19	Add-on Percent 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2082 1.2266	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
	CASE MIX BASED RATE CALCULATIONS											
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 95,619		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,779		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$5.86
	<u>Allowed @ 95% of Std</u>		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$185.09	\$80.41		\$20.70	\$25.97		\$23.12	\$ 4.83	\$24.20	\$5.86
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2266</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$98.63								
	Quarterly Medicaid CMA Allowed Per Diem		\$203.31	\$98.63		\$20.70	\$25.97		\$23.12	\$4.83	\$24.20	\$5.86
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$2.47	\$2.47								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.96	\$2.96								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.52									
	Quarterly Case Mix Based Per Diem Rate		\$225.83	\$104.05		\$20.70	\$25.97		\$40.22	\$4.83	\$24.20	\$5.86
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$156.55										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Arrowhead Healthcare Prvdr ID: 00143162A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 63.0% Nurse Hours per On-Site Day/Quality Incentive: 3.13 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4860 Quarterly Medicaid CMI: 1.9638 Qtrly Mcaid CMI w RUG Wght Options: 2.0021 </div> <div> Facility Specific: 1.4860 1.9638 2.0021 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,472,469.09	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4860</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.55	\$8.24	\$0.00	\$2.49	\$3.38	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.08	\$53.12	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>2.0021</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.31	\$106.35	\$0.00	\$16.04	\$21.80	\$0.00	\$22.16	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.85	\$5.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.73	\$10.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.04	\$116.98	\$0.00	\$16.26	\$22.21	\$0.00	\$39.63	\$0.89	\$9.35	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Autumn Breeze Health 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: 00140159A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2569	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		31.5%	2.5%	Quarterly Medicaid CMI:			1.6086	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.25	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6403	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915.00	\$2,871,125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2569								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.19	\$0.00	\$14.74	\$14.36		\$21.88	\$1.88	\$15.84	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88	8.84 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.82	\$10.69	\$0.00	\$2.71	\$2.64	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.39	\$68.88	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6403								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.49	\$112.98	\$0.00	\$17.45	\$17.00	\$0.00	\$24.34	\$1.88	\$8.84	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.47	\$6.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.96	\$119.72	\$0.00	\$17.67	\$17.41	\$0.00	\$41.44	\$1.88	\$8.84	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.15									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Autumn Lane Prvdr ID: 00082992A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 3.42			Facility Score N/A 33.3% 3.42	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2897 Quarterly Medicaid CMI: 1.3026 Qtrly Mcaid CMI w RUG Wght Options: 1.3252			Facility Specific 1.2897 1.3026 1.3252	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt										
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								\$ 55,587		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	20,097	\$33.41	\$0.61
<u>Allowed @ 95% of Std</u>			\$160.91	\$67.93		\$17.49	\$21.94		\$19.53		\$33.41	\$0.61
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.99	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.77	\$33.41	\$0.61
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.3252</u>							(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$106.56								
Quarterly Medicaid CMA Allowed Per Diem			\$213.14	\$106.56		\$20.70	\$25.97		\$23.12	\$2.77	\$33.41	\$0.61
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Svcs)			\$2.66	\$2.66								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.20	\$3.20								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$22.96									
Quarterly Case Mix Based Per Diem Rate			\$236.10	\$112.42		\$20.70	\$25.97		\$40.22	\$2.77	\$33.41	\$0.61
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$164.25										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Avalon Hlth. & Rehab Prvdr ID: 00142084A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 57.5% Nurse Hours per On-Site Day/Quality Incentive: 3.89 </div> <div> Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall CMI: 1.1537 Quarterly Medicaid CMI: 1.4478 Qtrly Mcaid CMI w RUG Wght Options: 1.4694 </div> <div> Facility Specific State-wide 1.1537 1.3617 1.4478 1.5438 1.4694 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,383,725.99	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	Total Nursing Facility Days As Filed Days = 28,784 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,784							28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.49	\$80.10	\$0.00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1537</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.53	\$12.75	\$0.00	\$2.62	\$3.55	\$0.00	\$3.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.05	\$82.18	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4694</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.63	\$120.76	\$0.00	\$16.87	\$22.88	\$0.00	\$23.27	\$2.99	\$9.99	\$0.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	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	\$27.69	\$9.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.32	\$130.35	\$0.00	\$17.09	\$23.29	\$0.00	\$40.74	\$2.99	\$9.99	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Azalea 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: 00059441A		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.5985	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		35.3%	2.5%	Quarterly Medicaid CMI:				1.7795	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.29	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8143	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686.07	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)		(\$41,835)	\$39,606
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	\$0.10	\$8.21	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.76	\$0.00	\$2.64	\$2.45	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.87	\$56.43	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8143								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.82	\$102.38	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	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	\$22.87	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.69	\$107.52	\$0.00	\$17.21	\$16.22	\$0.00	\$41.44	\$0.10	\$11.96	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Azalea Health & Rehabilitation Prvdr ID: 00141963A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.3% Nurse Hours per On-Site Day/Quality Incentive: 2.97 </div> <div> Facility Score Add-on Percent Case Mix Index (CMI) Data Base Period Overall CMI: 1.3435 Quarterly Medicaid CMI: 1.4815 Qtrly Mcaid CMI w RUG Wght Options: 1.5070 </div> <div> Facility Specific State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,162,616.72	\$1,603,561	\$0	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	23,469								27,793	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3435</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3.80	9.66 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.91	\$9.34	\$0.00	\$2.89	\$3.20	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.37	\$60.20	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5070</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.89	\$90.72	\$0.00	\$18.63	\$20.64	\$0.00	\$22.40	\$3.80	\$9.66	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
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	\$23.62	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.51	\$96.24	\$0.00	\$18.85	\$21.05	\$0.00	\$39.87	\$3.80	\$9.66	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.06									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 53.3% Nurse Hours per On-Site Day/Quality Incentive: 3.15		Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4999 Quarterly Medicaid CMI: 1.6984 Qtrly Mcaid CMI w RUG Wght Options: 1.7324				Facility Specific: 1.4999 1.6984 1.7324	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 43,732		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								24,700		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$17.05	\$1.48
	<u>Allowed @ 95% of Std</u>		\$145.42	\$67.93		\$17.49	\$21.94		\$19.53		\$17.05	\$1.48
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.50	\$80.41		\$20.70	\$25.97		\$23.12	\$ 1.77	\$17.05	\$1.48
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7324							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$139.30								
	Quarterly Medicaid CMA Allowed Per Diem		\$229.39	\$139.30		\$20.70	\$25.97		\$23.12	\$1.77	\$17.05	\$1.48
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$7.66	\$7.66								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$5.57	\$5.57								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$30.33									
	Quarterly Case Mix Based Per Diem Rate		\$259.72	\$152.53		\$20.70	\$25.97		\$40.22	\$1.77	\$17.05	\$1.48
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$181.97										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Bainbridge Health Care Prvdr ID: 00258915A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 45.0% Nurse Hours per On-Site Day/Quality Incentive: 3.30 </div> <div> Facility Score Add-on Percent 18.37% 5.5% 4.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2138 Quarterly Medicaid CMI: 1.8891 Qtrly Mcaid CMI w RUG Wght Options: 1.9256 </div> <div> Facility Specific 1.2138 1.8891 1.9256 </div> <div> State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143.46	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8	Total Nursing Facility Days As Filed Days = 32,126 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,126							24,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$107.90	\$52.04	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2138								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.60	\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	7.67 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.48	\$7.88	\$0.00	\$2.13	\$2.75	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.08	\$50.75	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9256								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.05	\$97.72	\$0.00	\$13.73	\$17.71	\$0.00	\$17.54	\$1.08	\$7.67	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
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	\$27.91	\$9.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.96	\$107.53	\$0.00	\$13.95	\$18.12	\$0.00	\$35.01	\$1.08	\$7.67	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.15									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Baptist Village, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140203A				Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.1403	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:		32.1%	2.5%				1.4364	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20						4.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4637	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033.00	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1.33	\$9.96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1403								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23.16		\$20.00	\$1.33	\$9.96	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.25 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.43	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.44	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4637								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.69	\$123.90	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$3.10	\$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.72	\$3.72								
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	\$7.19	\$6.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.88	\$130.72	\$0.00	\$21.79	\$27.33	\$0.00	\$24.04	\$1.33	\$19.25	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		N/A	18.37%	Base Period Overall CMI: 1.3673			1.3673	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score: 58.3%		58.3%	5.5%	Quarterly Medicaid CMI: 1.4933			1.4933	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 4.75		4.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5220			1.5220	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476.00	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8	Total Nursing Facility Days As Filed Days = 20,789 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,789								21,900	
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3673								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.81	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	35.12 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.25	\$10.33	\$0.00	\$3.17	\$3.70	\$0.00	\$3.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.06	\$66.57	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$35.12	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5220								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$204.81	\$101.32	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$35.12	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.57	\$5.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
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	\$27.24	\$9.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.05	\$110.46	\$0.00	\$20.66	\$24.23	\$0.00	\$37.13	\$2.29	\$35.12	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

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Provider: Berrien Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143382A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3657				1.3657	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score 36.1%		36.1%	2.5%	Quarterly Medicaid CMI: 1.6048				1.6048	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.78		3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6332				1.6332	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,378,143.00	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$76,686)	(\$6,925)	\$0	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	\$0	\$654,635	\$340,368	\$287,698	\$744,408	\$154,198	\$451,676	\$35,723
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	\$12.08	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$51.56	\$0.00	\$17.51	\$16.80		\$19.91	\$4.34	13.33 (FRV)	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.44	\$9.47	\$0.00	\$3.22	\$3.09	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.85	\$61.03	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6332								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.49	\$99.67	\$0.00	\$20.73	\$19.89	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
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	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.60	\$105.68	\$0.00	\$20.95	\$20.30	\$0.00	\$41.04	\$4.34	\$13.33	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Blue Ridge Healthcare of Buchanan		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142722A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2328				1.2328	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score 29.4%		29.4%	1.0%	Quarterly Medicaid CMI: 1.5750				1.5750	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.22		3.22	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6030				1.6030	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012.00	\$1,403,168	\$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days	As Filed Days = 19,686										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,724										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2328								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.49	\$10.26	\$0.00	\$2.58	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.81	\$66.13	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6030								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.69	\$106.01	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.13	\$109.72	\$0.00	\$16.87	\$18.90	\$0.00	\$41.44	\$4.05	\$10.26	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Bolingreen 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: 00059485A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3111				1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 29.6%		29.6%	1.0%	Quarterly Medicaid CMI: 1.5714				1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.47		3.47	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6000				1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,001.82	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.53	\$77.22	\$0.00	\$14.37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3111								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28	\$0.60
(FRV)												
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.09	\$10.82	\$0.00	\$2.64	\$3.34	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$69.72	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6000								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.03	\$111.55	\$0.00	\$17.01	\$21.50	\$0.00	\$21.20	\$2.89	\$8.28	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.10	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.13	\$116.55	\$0.00	\$17.23	\$21.91	\$0.00	\$38.67	\$2.89	\$8.28	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Bonterra Nursing Center				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140357A				Growth Allowance: Qltry BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3678	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:	23.8%	1.0%	Qltry Mcaid CMI w RUG Wght Options:				1.3039	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					2.70	3.0%					1.3239	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,520.67	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.99	\$66.19	\$0.00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3678								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$48.39	\$0.00	\$13.72	\$16.07		\$20.56	\$3.93	9.26 (FRV)	\$2.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.89	\$0.00	\$2.52	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.26	\$57.28	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qltr End		1.3239								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.81	\$75.83	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.27	\$2.27								
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	\$21.29	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.10	\$79.39	\$0.00	\$16.46	\$19.43	\$0.00	\$41.44	\$3.93	\$9.26	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.25									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ?: No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 18.7% Nurse Hours per On-Site Day/Quality Incentive: 3.55			Facility Score Add-on Percent 18.37% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.2667 Qtrly Mcaid CMI w RUG Wght Options: 1.2884			Facility Specific Use Stwd 1.2667 1.2884	State-wide 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 42,226		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								11,249		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$20.20	\$2.95
	<u>Allowed @ 95% of Std</u>		\$150.04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$177.10	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.75	\$20.20	\$2.95
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2884</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$103.60								
	Quarterly Medicaid CMA Allowed Per Diem		\$200.29	\$103.60		\$20.70	\$25.97		\$23.12	\$3.75	\$20.20	\$2.95
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.07	\$2.07								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.17									
	Quarterly Case Mix Based Per Diem Rate		\$219.46	\$105.67		\$20.70	\$25.97		\$40.22	\$3.75	\$20.20	\$2.95
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$151.77										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brentwood Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140071A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3764			1.3764	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.29		Qtrly BIMS score 38.7%		38.7%	2.5%	Quarterly Medicaid CMI: 1.3305			1.3305	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.29		3.29	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3509			1.3509	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$4,599,980.42	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2.42	\$2.74	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.63	\$61.26	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3509								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.13	\$82.76	\$0.00	\$15.57	\$17.68	\$0.00	\$18.87	\$2.94	\$9.56	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
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	\$23.18	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.31	\$87.84	\$0.00	\$15.79	\$18.09	\$0.00	\$36.34	\$2.94	\$9.56	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brian Center of Canton			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140643A			Growth Allowance: N/A			32.9%	18.37%	Base Period Overall CMI: 1.3878			1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			2.5%	2.5%	Quarterly Medicaid CMI: 1.7143			1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.49			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7452			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,097.73	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19.11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3878								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$10.24	\$0.00	\$2.57	\$2.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.91	\$65.98	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7452								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.08	\$115.15	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.59	\$6.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.67	\$122.01	\$0.00	\$16.80	\$18.54	\$0.00	\$41.44	\$0.25	\$12.39	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Briarwood 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: 00706813A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:		1.6087	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 47.3%		47.3%	5.5%	Quarterly Medicaid CMI:		1.6839	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive:		3.82	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.7151	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$5,597,355.36	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days									34,336	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25.71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.80	\$60.34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91 (FRV)	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.06	\$11.08	\$0.00	\$2.83	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.86	\$71.42	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7151								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.93	\$122.49	\$0.00	\$18.22	\$15.29	\$0.00	\$24.34	\$0.13	\$10.91	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.74	\$6.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	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	\$27.45	\$9.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.38	\$132.21	\$0.00	\$18.44	\$15.70	\$0.00	\$41.44	\$0.13	\$10.91	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brightmoor Health Care, Inc. Prvdr ID: 00140412A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 39.2% Nurse Hours per On-Site Day/Quality Incentive: 4.95		N/A 2.5% 3.0%	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.2636 Quarterly Medicaid CMI: 1.6391 Qtrly Mcaid CMI w RUG Wght Options: 1.6706				1.2636 1.6391 1.6706	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,813,583.00	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16.83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.24	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.08	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6706								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.85	\$141.42	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.84
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$3.54	\$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$25.25	\$7.78	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$261.10	\$149.20	\$0.00	\$21.79	\$27.33	\$0.00	\$39.89	\$2.05	\$19.00	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

<div> <div> Provider: Brown Health and Rehab Prvdr ID: 00059562A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.9% Nurse Hours per On-Site Day/Quality Incentive: 3.15 </div> <div> Facility Score Add-on Percent 18.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3805 Quarterly Medicaid CMI: 1.7142 Qtrly Mcaid CMI w RUG Wght Options: 1.7470 </div> <div> Facility Specific 1.3805 1.7142 1.7470 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & 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												
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 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 Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$615,487)	\$0	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774,814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days	As Filed Days = 37,086										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,079										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	\$11.59	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$30.41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17.59 (FRV)	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allownc %	\$21.49	\$11.07	\$0.00	\$3.07	\$3.51	\$0.00	\$3.84	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.08	\$71.32	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7470								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$213.36	\$124.60	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.85	\$6.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng 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	\$29.22	\$11.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.58	\$135.72	\$0.00	\$20.02	\$23.04	\$0.00	\$42.20	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Brown's 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: 00140434A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4535			1.4535	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 27.7%		27.7%	1.0%	Quarterly Medicaid CMI: 1.5622			1.5622	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.83		2.83	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5888			1.5888	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,690,414.00	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	\$63,322	\$0	\$0	\$0	\$0	\$0	\$29,434		\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4535								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.16	\$39.15	\$0.00	\$12.13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.92	\$7.19	\$0.00	\$2.23	\$2.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.08	\$46.34	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5888								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.36	\$73.62	\$0.00	\$14.36	\$17.51	\$0.00	\$24.34	\$0.62	\$10.99	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.47	\$1.47								
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	\$20.47	\$2.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$162.83	\$76.36	\$0.00	\$14.58	\$17.92	\$0.00	\$41.44	\$0.62	\$10.99	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.30									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Bryan County Health & Rehab Ctr Prvdr ID: 00715569A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: Qtrly BIMS score		N/A 48.4%	18.37% 5.5%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3338 1.7472	1.3617 1.5438	
			Nurse Hours per On-Site Day/Quality Incentive:		4.09	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7814	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621.00	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	\$587,904	\$126,970	\$192,371	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)		(\$63,432)	\$53,052
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,052
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,129 As Filed Days = 33,801										
		FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,129									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3.67	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3338								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13.48	\$3.76	\$3.67	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13.03 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.97	\$0.00	\$3.38	\$3.46	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.64	\$64.27	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7814								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$192.86	\$114.49	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.30	\$6.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.00	\$9.12	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.86	\$123.61	\$0.00	\$21.79	\$22.73	\$0.00	\$33.43	\$3.76	\$13.03	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Bryant Health & Rehab. Ctr, 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: 00142601A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1714				1.1714	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.91		Qtrly BIMS score: 25.0%	1.0%	Quarterly Medicaid CMI: 1.5647				1.5647	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5947				1.5947	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453.00	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$209,652)	(\$3,348)	\$0	(\$5,156)	(\$160)	(\$180)	(\$22,665)		(\$196,135)	\$17,992
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1714								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.12	\$10.19	\$0.00	\$2.58	\$3.02	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.25	\$65.65	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5947								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.29	\$104.69	\$0.00	\$16.62	\$19.47	\$0.00	\$15.03	\$1.15	\$7.64	\$0.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((IStd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$22.82	\$4.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.11	\$109.41	\$0.00	\$16.84	\$19.88	\$0.00	\$32.50	\$1.15	\$7.64	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.26									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ? : No			Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 36.6% Nurse Hours per On-Site Day/Quality Incentive: 8.48			Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.2270 Quarterly Medicaid CMI: 1.2396 Qtrly Mcaid CMI w RUG Wght Options: 1.2396			Facility Specific Use Stwd: 1.2270 State-wide: 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
Cost Center Peer Groups per Selected Options																
Type of Facility within Peer Group																
Bed Size Range within Peer Group																
Peer Group Standards & Efficiency Measure Limits																
Peer Group Standards: Percentile																
Peer Group Standards: Multiplier																
Efficiency Measures (Maximums)																
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs																
Total Nursing Facility Days GL-PL Ins. Rpt																
Standard Per Diem (After CMA for Routine Svcs)																
<u>Allowed @ 90% of Std</u>																
Growth Allowance 18.37%																
CMA Allowed Per Diem (After Growth Allowance)																
Quarterly Facility Case Mix Index for Medicaid Residents																
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																
Quarterly Medicaid CMA Allowed Per Diem																
Quarterly Per Diem Add-On Amounts																
BIMS Add-on Per Diem = 2.5% to Routine Svcs)																
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%																
Nursing Home Provider Fee																
Total Quarterly Per Diem Add-On Amounts																
Quarterly Case Mix Based Per Diem Rate																
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Calhoun 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: 00140577A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3183	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qltry BIMS score		38.7%	2.5%	Quarterly Medicaid CMI:				1.5061	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.94	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.5341	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,448,586.00	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,776
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	7.44 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.76	\$8.89	\$0.00	\$2.68	\$3.29	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.17	\$57.26	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5341								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.75	\$87.84	\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.22	\$93.21	\$0.00	\$17.51	\$21.63	\$0.00	\$36.13	\$3.73	\$7.44	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.34									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Calhoun Nursing Home Prvdr ID: 00140478A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Growth Allowance: N/A Qtrly BIMS score: 44.9% Nurse Hours per On-Site Day/Quality Incentive: 4.45		18.37% 2.5% 4.0%	Base Period Overall CMI: 1.2873 Quarterly Medicaid CMI: 1.9070 Qtrly Mcaid CMI w RUG Wght Options: 1.9443			1.3617 1.5438 1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908.00	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL Ins Rpt Days								21,632		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2873								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.31	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	14.14 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.22	\$9.26	\$0.00	\$4.08	\$4.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.53	\$59.69	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9443								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.90	\$116.06	\$0.00	\$26.28	\$26.42	\$0.00	\$24.34	\$4.20	\$14.14	\$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)	\$1.16	\$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	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$25.80	\$8.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.70	\$124.13	\$0.00	\$26.50	\$26.83	\$0.00	\$41.44	\$4.20	\$14.14	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.45									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Cambridge Post Acute Care Center Prvdr ID: 00494139A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.4% Nurse Hours per On-Site Day/Quality Incentive: 2.55 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4991 Quarterly Medicaid CMI: 1.7206 Qtrly Mcaid CMI w RUG Wght Options: 1.7515 </div> <div> Facility Specific 1.4991 1.7206 1.7515 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8	Total Nursing Facility Days As Filed Days = 48,462 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days	48,462									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3.83	\$47.46	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4991								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3.83	\$47.46	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.30	\$8.43	\$0.00	\$2.80	\$2.76	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$54.34	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$1.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7515								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.53	\$95.18	\$0.00	\$18.04	\$17.77	\$0.00	\$27.77	\$3.83	\$12.44	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
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	\$22.54	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.07	\$99.99	\$0.00	\$18.26	\$18.18	\$0.00	\$44.87	\$3.83	\$12.44	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Camellia Gardens of Life Care				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00366341A				N/A	18.37%	Base Period Overall CMI:				1.3243	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score	31.4%	Quarterly Medicaid CMI:				1.0368	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:	3.41	Qtrly Mcaid CMI w RUG Wght Options:				1.0444	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021.00	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)		(\$19,001)	\$29,741
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	\$0	\$466,726	\$216,878	\$241,385	\$686,163	\$63,529	\$162,222	\$29,741
8	Total Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0.00	\$16.94	\$16.63	(with L&H)	\$24.90	\$2.31	\$5.89	\$1.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.04	\$10.10	\$0.00	\$3.11	\$3.05	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$65.08	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0444								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.52	\$67.97	\$0.00	\$20.05	\$19.68	\$0.00	\$24.34	\$2.31	\$8.09	\$1.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Strnd - Alwef) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.70	\$1.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Strfng 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	\$22.00	\$4.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.52	\$72.24	\$0.00	\$20.27	\$20.09	\$0.00	\$41.44	\$2.31	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.32									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Camellia Hlth & Rehab				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide													
Prvdr ID: 00140588A				Add-on Data and Percentages																					
		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:		N/A		Base Period Overall CMI:		1.3516		1.3617													
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qltry BIMS score		63.0%		Quarterly Medicaid CMI:		1.6122		1.5438													
				Nurse Hours per On-Site Day/Quality Incentive:		2.91		Qltry Mcaid CMI w RUG Wght Options:		1.6402		1.5713													
Line #		Description		Sources / Calculations		Totals		Routine Services		Special Services		Dietary		Laundry & Houskpng		Plant Operatns & Maint		Admin and General		A&G- GL-PL Insurance		Property and Related		Taxes and Insurance	
						a		b		c		d		e		f		g		g		h		i	
CASE MIX BASED RATE CALCULATIONS																									
1		Cost Center Peer Groups		(see Policy Manual)				1		1		2		1		1		1							
		Type of Facility within Peer Group						All Facilities		All Facilities		Free Standing		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																									
2		Peer Group Standards: Percentile		(see Policy Manual)		90.0%		90.0%		90.0%		85.0%				50.0%									
3		Peer Group Standards: Multiplier		(see Policy Manual)		100.0%		100.0%		100.0%		100.0%				105.0%									
4		Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt		\$3,026,940.46		\$1,592,432		\$0		\$345,008		\$167,289		\$228,586		\$436,294		\$100,435		\$156,896		\$0	
6		Audit Adjustments and Reallocations to Cost Center Costs		FY12 C/R Audit Adjstmls		(\$33,919)		\$0		\$0		(\$1,817)		\$0		\$0		(\$33,919)				(\$16,377)		\$18,194	
7		Cost Center Costs After Audit Adjustments		FY12 Audited C/R		\$2,993,022		\$1,592,432		\$0		\$343,191		\$167,289		\$228,586		\$402,375		\$100,435		\$140,519		\$18,194	
8		Total Nursing Facility Days		As Filed Days = 22,188		FY12 Audited C/R Days		22,188																	
		Total Nursing Facility Days GL-PL Ins. Rpt		As Filed Days = 23,848		FY 18 GL-PL Ins Rpt Days														23,848					
9		Net Per Diems prior to Case Mix Adjstmt to Routine Svcs		Ln 7 / Ln 8 Col a		\$134.57		\$71.77		\$0.00		\$15.47		\$17.84		(with L&H)		\$18.13		\$4.21		\$6.33		\$0.82	
10		Base Period Facility Case Mix Index for All Residents		from 4 qlrs of FY12				1.3516																	
11		Routine Svcs Case Mix Adjstd (CMA) Net Per Diem		Ln 9 / Ln 10				\$53.10																	
12		Net Per Diems after Case Mix Adjstmt to Routine Svcs		RS = Ln 11, AllQlhr = Ln 9				\$53.10		\$0.00		\$15.47		\$17.84				\$18.13		\$4.21		\$6.33		\$0.82	
13		Per Diem Standards (After Statewide CMA for Routine Svcs)		per Peer Group Limits				\$71.51		\$0.00		\$18.41		\$23.09				\$20.56		\$0.00		N/A			
14		Base Period Case Mix Adjusted Allowed Per Diem		Lesser of Ln 12 or Ln 13		\$118.19		\$53.10		\$0.00		\$15.47		\$17.84				\$18.13		\$4.21		8.62 (FRV)		\$0.82	
Quarterly Per Diem Rate Prior to Add-ons																									
15		Growth Allowance Percentage = 18.37%		Ln 14 x Grwth Allwnc %		\$19.20		\$9.75		\$0.00		\$2.84		\$3.28		\$0.00		\$3.33		N/A		N/A		N/A	
16		CMA Allowed Per Diem (After Growth Allowance Add-on)		Ln 14 + Ln 15		\$137.39		\$62.85		\$0.00		\$18.31		\$21.12		\$0.00		\$21.46		\$4.21		\$8.62		\$0.82	
17		Quarterly Facility Case Mix Index for Medicaid Residents		per Current Qtr End				1.6402																	
18		Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem		Ln 16 x Ln 17				\$103.09																	
19		Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllQlhr = Ln 16		\$177.63		\$103.09		\$0.00		\$18.31		\$21.12		\$0.00		\$21.46		\$4.21		\$8.62		\$0.82	
Quarterly Per Diem Add-on Amounts																									
20		Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)		(see Policy Manual)		\$1.53		\$0.53		\$0.00		\$0.22		\$0.41		\$0.00		\$0.37				\$0.00			
21		BIMS Add-on Per Diem = 5.5% (to Routine Svcs)		Ln 19 Col b x CPS Add-on		\$5.67		\$5.67																	
22		Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)		Ln 19 Col b x Sfing 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		\$27.39		\$9.29		\$0.00		\$0.22		\$0.41		\$0.00		\$17.47		\$0.00		\$0.00		\$0.00	
25		Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24		\$205.02		\$112.38		\$0.00		\$18.53		\$21.53		\$0.00		\$38.93		\$4.21		\$8.62		\$0.82	
26		Quarterly Per Diem Rate for Bed Hold and Leave Days		(Ln 25 - Ln 23) * 0.75		\$140.94																			

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Candler Hospital Sub-Acute 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 2.3318				2.3318	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		0.0%	0.0%	Quarterly Medicaid CMI: 2.3160				2.3160	1.5438	
				6.28	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.3620				2.3620	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516.00	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76.03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.3318								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.85	\$0.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.24	\$71.51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42 (FRV)	\$1.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.90	\$13.14	\$0.00	\$3.74	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.14	\$84.65	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.3620								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$199.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$303.43	\$199.94	\$0.00	\$24.09	\$27.33	\$0.00	\$24.34	\$2.59	\$23.42	\$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)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$320.75	\$199.94	\$0.00	\$24.31	\$27.33	\$0.00	\$41.44	\$2.59	\$23.42	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Canton Nursing Center, 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: 00140511A			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3680	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Nurse Hours per On-Site Day/Quality Incentive:		53.1%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.3407	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					3.69	2.0%				1.3580	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,071,885.93	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)	\$36,799
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	\$36,799
8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.28	\$10.04	\$0.00	\$3.22	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.11	\$64.72	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3580								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.28	\$87.89	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.83	\$4.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$7.12	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.72	\$95.01	\$0.00	\$20.95	\$27.33	\$0.00	\$41.44	\$3.34	\$10.56	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Carrollton Manor, Inc.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140852A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.3067	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		44.6%	2.5%	Quarterly Medicaid CMI:				1.5632	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.91	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5908	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,595,654.00	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)		(\$49,231)	\$36,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days								34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6.50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	11.05 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.24	\$9.22	\$0.00	\$3.10	\$2.73	\$0.00	\$3.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.14	\$59.39	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5908								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$168.23	\$94.48	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwdf) x .75, up to max, or 0)	(see 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	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.11	\$99.26	\$0.00	\$20.17	\$17.98	\$0.00	\$38.03	\$3.60	\$11.05	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.51									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Carrollton Nursing and Rehab Center Prvdr ID: 00059661A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.4% Nurse Hours per On-Site Day/Quality Incentive: 3.03 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3832 Quarterly Medicaid CMI: 1.6875 Qtrly Mcaid CMI w RUG Wght Options: 1.7194 </div> <div> Facility Specific: 1.3832 1.6875 1.7194 </div> <div> State-wide: 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & 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												
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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,988)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,303	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.96	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3832</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.36	8.00 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$22.84	\$12.85	\$0.00	\$2.91	\$2.67	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.29	\$82.81	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7194</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.86	\$142.38	\$0.00	\$18.77	\$17.21	\$0.00	\$28.43	\$0.36	\$8.00	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Aftwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.81	\$148.60	\$0.00	\$18.99	\$17.62	\$0.00	\$45.53	\$0.36	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.03									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

<div> <div> Provider: Cartersville Heights Care and Rehab Prvdr ID: 00143085A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qltry BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 2.89 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5517 Quarterly Medicaid CMI: 1.6435 Qltry Mcaid CMI w RUG Wght Options: 1.6744 </div> <div> Facility Specific: 1.5517 1.6435 1.6744 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$5,797,818.00	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.5517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23.22	\$2.13	\$16.12	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25 (FRV)	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$16.09	\$7.44	\$0.00	\$2.48	\$2.39	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.77	\$47.95	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6744								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.11	\$80.29	\$0.00	\$15.97	\$15.40	\$0.00	\$24.34	\$2.13	\$12.25	\$0.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.80	\$0.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.61	\$1.61								
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	\$20.67	\$2.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.78	\$83.23	\$0.00	\$16.19	\$15.81	\$0.00	\$41.44	\$2.13	\$12.25	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cedar Springs Health and Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140544A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5659			1.5659	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 15.4%		15.4%	0.0%	Quarterly Medicaid CMI: 1.6672			1.6672	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.39		3.39	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6996			1.6996	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,111,747.00	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	(\$7,287)	(\$49,254)		(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL Ins Rpt Days									24,152	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0.27	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5659								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwrth Alkwn %	\$17.43	\$8.52	\$0.00	\$2.61	\$3.45	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.84	\$54.91	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6996								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.26	\$93.33	\$0.00	\$16.82	\$22.23	\$0.00	\$18.36	\$5.65	\$8.17	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$21.43	\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.69	\$96.66	\$0.00	\$17.04	\$22.64	\$0.00	\$35.83	\$5.65	\$8.17	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.19									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Cedar Valley Nursing and Rehab Center Prvdr ID: 00142557A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.8% Nurse Hours per On-Site Day/Quality Incentive: 3.53 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4235 Quarterly Medicaid CMI: 1.5808 Qtrly Mcaid CMI w RUG Wght Options: 1.6088 </div> <div> Facility Specific 1.4235 1.5808 1.6088 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
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 FY 14 C/R - FY 18 GL-PL Rpt	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477
8	Total Nursing Facility Days As Filed Days = 13,755	FY14 Audited C/R Days	13,755									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30.28	\$0.31	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQtr = Ln 9		\$55.30	\$0.00	\$14.32	\$16.53		\$30.28	\$0.31	\$20.97	\$1.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.69	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.31	9.16 (FRV)	\$1.05
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$20.24	\$10.16	\$0.00	\$2.63	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.93	\$65.46	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6098								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQtr = Ln 16	\$180.78	\$105.31	\$0.00	\$16.95	\$19.57	\$0.00	\$28.43	\$0.31	\$9.16	\$1.05
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$24.05	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.83	\$111.63	\$0.00	\$17.17	\$19.98	\$0.00	\$45.53	\$0.31	\$9.16	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Chaplinwood Health & Rehab Prvdr ID: 00059694A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Growth Allowance: N/A Qtrly BIMS score: 25.4% Nurse Hours per On-Site Day/Quality Incentive: 3.01		18.37% 1.0% 2.0%	Base Period Overall CMI: 1.3992 Quarterly Medicaid CMI: 1.3949 Qtrly Mcaid CMI w RUG Wght Options: 1.4197			1.3617 1.5438 1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,829.86	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
8	Total Nursing Facility Days As Filed Days = 28,038 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,038							33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3992</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.59	\$10.65	\$0.00	\$2.58	\$3.74	\$0.00	\$3.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.81	\$68.62	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4197</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.61	\$97.42	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$3.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.16	\$100.87	\$0.00	\$16.86	\$24.52	\$0.00	\$40.79	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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	18.37%	Base Period Overall CMI:			1.2919	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		44.0%	2.5%	Quarterly Medicaid CMI:			1.7292	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7636	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,842,312.00	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
8	Total Nursing Facility Days	As Filed Days = 34,749										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,941										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2919								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4.85	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.71	\$10.13	\$0.00	\$2.75	\$3.49	\$0.00	\$3.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.45	\$65.29	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7636								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$190.31	\$115.15	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.30	\$2.30								
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	\$23.81	\$5.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.12	\$120.86	\$0.00	\$17.93	\$22.90	\$0.00	\$39.00	\$3.28	\$8.66	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Chatuge Regional Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143338A			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2895	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Nurse Hours per On-Site Day/Quality Incentive:		29.0%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5866	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					3.28	2.0%					1.6159	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,466,869.00	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$103,659)	(\$32,041)	\$0	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	\$0	\$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8	Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days								39,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	\$2.07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2895								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.26	\$12.28	\$0.00	\$5.01	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.53	\$79.13	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6159								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.27	\$127.87	\$0.00	\$32.30	\$27.33	\$0.00	\$17.57	\$2.07	\$10.13	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (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	\$22.06	\$4.37	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.33	\$132.24	\$0.00	\$32.52	\$27.33	\$0.00	\$35.04	\$2.07	\$10.13	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.67									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance:		Facility Score: N/A	Add-on Percent: 18.37%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI:			Facility Specific Use Stwd: 1.3965	State-wide: 1.3617
Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				BIMS: 12.5%		BIMS: 0.0%	0.0%	Quarterly Medicaid CMI:			1.4221	1.5438
Nurse Hours per On-Site Day/Quality Incentive:				3.19		5.0%	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4221	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) <u>Allowed @ 95% of Std</u> Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts												
FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit												
\$168.47 \$23.31 \$194.76 \$228.70 \$0.00 \$5.72 \$17.10 \$22.82												
\$71.51 \$67.93 \$12.48 \$80.41 <u>1.4221</u> \$114.35 \$114.35 \$0.00 \$5.72 \$17.10 \$22.82												
\$18.41 \$17.49 \$3.21 \$20.70 \$20.70 \$20.70 \$20.70												
\$23.09 \$21.94 \$4.03 \$25.97 \$25.97 \$25.97 \$25.97												
\$20.56 \$19.53 \$3.59 \$23.12 \$23.12 17.10 \$40.22												
\$ 56,831 19,081 \$ 2.98 \$2.98 \$2.98												
\$37.58 \$37.58 \$37.58 (FRV Rate) \$37.58												
\$4.00 \$4.00 \$4.00 \$4.00												
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
\$251.52 \$175.81												
\$120.07 \$120.07												
\$20.70 \$25.97 \$20.70												
\$40.22 \$2.98 \$40.22												
\$37.58 \$37.58 \$37.58 (FRV Rate) \$37.58												
\$4.00 \$4.00 \$4.00 \$4.00												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cherry Blossom Health Care			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID:	00413509A	Case Mix Per Diem Rate Effective Date: 1/1/2021	Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2276	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.25	0.0%	Quarterly Medicaid CMI:				1.7340	1.5438
						3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7682	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801.46	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18.88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2276								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.49	\$11.52	\$0.00	\$2.61	\$2.89	\$0.00	\$3.47	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.46	\$74.22	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7682								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.48	\$131.24	\$0.00	\$16.83	\$18.61	\$0.00	\$22.35	\$3.07	\$10.19	\$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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.05	\$135.71	\$0.00	\$17.05	\$19.02	\$0.00	\$39.82	\$3.07	\$10.19	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.71									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Chestnut Ridge Nursing & Rehabilitation Center Prvdr ID: 00228049A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.4% Nurse Hours per On-Site Day/Quality Incentive: 3.21 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5075 Quarterly Medicaid CMI: 1.5558 Qtrly Mcaid CMI w RUG Wght Options: 1.5825 </div> <div> Facility Specific State-wide 1.5075 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5075								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.91	\$0.00	\$13.70	\$13.51		\$26.53	\$0.30	\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.36	\$59.91	\$0.00	\$13.70	\$13.51		\$24.02	\$0.30	7.38 (FRV)	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Growth Allownc %	\$20.42	\$11.01	\$0.00	\$2.52	\$2.48	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.78	\$70.92	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5825								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.09	\$112.23	\$0.00	\$16.22	\$15.99	\$0.00	\$28.43	\$0.30	\$7.38	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x GPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.62	\$3.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.71	\$116.12	\$0.00	\$16.44	\$16.40	\$0.00	\$45.53	\$0.30	\$7.38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Christian City Convalescent Center, 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: 00158034A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4851	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		35.3%	2.5%	Quarterly Medicaid CMI:			1.5166	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5443	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901.00	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)		(\$43,344)	\$35,164
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0.50
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.17	\$12.00	\$0.00	\$2.94	\$3.45	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.93	\$77.32	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5443								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.02	\$119.41	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.58	\$3.58								
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	\$7.73	\$7.10	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.75	\$126.51	\$0.00	\$19.15	\$22.63	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Chulio Hills Health and Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00143437A			Growth Allowance: N/A		24.6%	18.37%	Base Period Overall CMI: 1.2223			1.2223	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qltry BIMS score		1.0%	1.0%	Quarterly Medicaid CMI: 1.9182			1.9182	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 5.43		3.0%	3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.9546			1.9546	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295.00	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
8	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days								33,250		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3.30	\$0.25	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	9.96 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.38	\$10.56	\$0.00	\$2.47	\$3.37	\$0.00	\$2.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88	\$68.04	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9546								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.83	\$132.99	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.99	\$3.99								
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	\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.78	\$138.84	\$0.00	\$16.12	\$22.13	\$0.00	\$36.65	\$3.30	\$9.96	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.01									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Church Home Rehab & 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	18.37%	Base Period Overall CMI:			1.2835	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		25.0%	1.0%	Quarterly Medicaid CMI:			1.4870	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		4.33	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5168	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690.00	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,393 As Filed Days = 26,255	17,393									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2835								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.75	\$61.35	\$0.00	\$15.34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.05	\$11.27	\$0.00	\$2.82	\$3.18	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.80	\$72.62	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5168								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.33	\$110.15	\$0.00	\$18.16	\$20.51	\$0.00	\$24.34	\$0.35	\$27.02	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$23.77	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.10	\$116.19	\$0.00	\$18.38	\$20.92	\$0.00	\$41.44	\$0.35	\$27.02	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.00									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Clinch 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: 00142106A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3288		1.3288	1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qltry BIMS score: 37.1%		37.1%	2.5%	Quarterly Medicaid CMI: 1.5183		1.5183	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 2.78		2.78	3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.5449		1.5449	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880.00	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,062)	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3288								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	\$8.91	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.40	\$6.96	\$0.00	\$2.01	\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.16	\$44.85	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5449								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.60	\$69.29	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.73	\$1.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.44	\$4.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$148.04	\$73.63	\$0.00	\$13.15	\$16.82	\$0.00	\$36.01	\$0.82	\$6.81	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$98.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Coastal Manor				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00856028A				Growth Allowance: Qltry BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3441	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:		43.7%	2.5%	Qltry Mcaid CMI w RUG Wght Options:			1.5764	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20						4.60	3.0%				1.6068	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,108.84	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	\$13,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days								37,331		
9	Net Per Diems prior to Case Mix Adjstmlt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmlt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31.16		\$36.93	\$3.14	\$33.79	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.92	\$12.20	\$0.00	\$4.70	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.87	\$78.60	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6068								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.56	\$126.29	\$0.00	\$30.26	\$27.33	\$0.00	\$24.34	\$3.14	\$16.84	\$0.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.80	\$7.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.36	\$133.77	\$0.00	\$30.48	\$27.33	\$0.00	\$41.44	\$3.14	\$16.84	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.20									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cobblestone Rehab and 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: 00142711A			Growth Allowance: N/A		18.8%	18.37%	Base Period Overall CMI: 1.4590				1.4590	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 0.0%		0.0%	0.0%	Quarterly Medicaid CMI: 1.4998				1.4998	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.62		3.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5268				1.5268	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 (<i>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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072.00	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449,894	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,941
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,941
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.45	\$0.00	\$15.30	\$25.45		\$40.25	\$0.31	\$18.78	\$3.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0.31	18.26 (FRV)	\$3.24
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9.64	\$0.00	\$2.81	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.68	\$62.09	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5268								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.39	\$94.80	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$20.69	\$3.37	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.08	\$98.17	\$0.00	\$18.33	\$27.33	\$0.00	\$41.44	\$0.31	\$18.26	\$3.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: College Park Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140654A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2906				1.2906	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.61		Qtrly BIMS score: 33.3%	2.5%	Quarterly Medicaid CMI: 1.4279				1.4279	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4530				1.4530	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,335,885.00	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906								
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
11	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64	\$1.44
	(FRV)											
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.96	\$10.18	\$0.00	\$2.85	\$3.21	\$0.00	\$3.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$65.57	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4530								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.01	\$95.27	\$0.00	\$18.38	\$20.71	\$0.00	\$23.97	\$0.60	\$7.64	\$1.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.91	\$1.91								
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	\$22.78	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.79	\$100.09	\$0.00	\$18.60	\$21.12	\$0.00	\$41.30	\$0.60	\$7.64	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.27									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Comer Health and Rehab			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00220448A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2625	1.4014
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		45.7%	5.5%	Quarterly Medicaid CMI:				1.5214	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.33	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5491	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)		(\$6,299)	\$6,299
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,299
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	\$12.08	\$0.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.16	\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	7.93 (FRV)	\$0.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$21.33	\$11.45	\$0.00	\$3.24	\$3.14	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.49	\$73.78	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$0.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5491								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.00	\$114.29	\$0.00	\$20.87	\$20.25	\$0.00	\$22.55	\$2.89	\$7.93	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.29	\$6.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.71	\$5.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.63	\$12.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.63	\$126.82	\$0.00	\$21.09	\$20.66	\$0.00	\$40.02	\$2.89	\$7.93	\$0.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Comfort Creek NRC of Wadley		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141138A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3067				1.3067	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 30.8%		30.8%	2.5%	Quarterly Medicaid CMI: 1.5256				1.5256	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.78		2.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5551				1.5551	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$3,313,002.67	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$360,462	\$91,806	\$204,359	\$45,021
8	Total Nursing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13.33	\$2.80	\$7.56	\$1.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	8.30 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.20	\$8.51	\$0.00	\$2.67	\$3.57	\$0.00	\$2.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.58	\$54.84	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5551								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIthr = Ln 16	\$154.02	\$85.28	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (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	\$23.32	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.34	\$90.50	\$0.00	\$17.43	\$23.40	\$0.00	\$33.25	\$2.80	\$8.30	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.18									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Cordele Health & Rehab Prvdr ID: 00059892A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 22.0% Nurse Hours per On-Site Day/Quality Incentive: 5.22 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1887 Quarterly Medicaid CMI: 1.4588 Qtrly Mcaid CMI w RUG Wght Options: 1.4826 </div> <div> Facility Specific: 1.1887 1.4588 1.4826 </div> <div> State-wide: 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1887								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.16	\$68.11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62 (FRV)	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.15	\$12.51	\$0.00	\$3.52	\$2.81	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$80.62	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$1.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4826								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$119.53									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.22	\$119.53	\$0.00	\$22.66	\$18.10	\$0.00	\$27.77	\$3.26	\$8.62	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.20	\$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.83	\$5.32	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.05	\$124.85	\$0.00	\$22.66	\$18.51	\$0.00	\$44.87	\$3.26	\$8.62	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:			1.1147	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score	31.4%	2.5%	Quarterly Medicaid CMI:			1.5979	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive:	2.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6275	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679.00	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8	Total Nursing Facility Days	As Filed Days = 19,464										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,564										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	\$0.00	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.33	\$9.18	\$0.00	\$2.57	\$3.26	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.64	\$59.17	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6275								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.77	\$96.30	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see 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	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.70	\$102.13	\$0.00	\$16.76	\$21.44	\$0.00	\$32.40	\$2.06	\$6.13	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.45									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data**

FINAL

<div> <div> <div>Provider: Covenant Dove - Macon</div> <div>Prvdr ID: 00141523A</div> </div> <div> <div>Case Mix Per Diem Rate Effective Date: 1/1/2021</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 09/30/20</div> </div> <div> <div>Add-on Data and Percentages</div> <div> <div>Growth Allowance: N/A</div> <div>Qtrly BIMS score: 39.5%</div> <div>Nurse Hours per On-Site Day/Quality Incentive: 3.99</div> </div> </div> <div> <div>Facility Score: N/A</div> <div>Add-on Percent: 18.37%</div> <div>2.5%</div> </div> <div> <div>Case Mix Index (CMI) Data</div> <div> <div>Base Period Overall CMI: 1.5027</div> <div>Quarterly Medicaid CMI: 1.8315</div> <div>Qtrly Mcaid CMI w RUG Wght Options: 1.8662</div> </div> </div> <div> <div>Facility Specific: 1.5027</div> <div>1.8315</div> <div>1.8662</div> </div> <div> <div>State-wide: 1.4014</div> <div>1.5438</div> <div>1.5713</div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Althwnc %	\$22.60	\$11.90	\$0.00	\$2.61	\$3.68	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.31	\$76.69	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8662								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.74	\$143.12	\$0.00	\$16.82	\$23.71	\$0.00	\$28.43	\$0.39	\$8.92	\$1.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$24.70	\$6.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.44	\$150.09	\$0.00	\$17.04	\$24.12	\$0.00	\$45.53	\$0.39	\$8.92	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Crestview Nursing Facility			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00273567A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1823			1.1823	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qltry BIMS score 32.8%			2.5%	Quarterly Medicaid CMI: 1.3887			1.3887	1.5438	
			Nurse Hours per On-Site Day/Quality Incentive: 2.73			3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4115			1.4115	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,737,823)	(\$610,837)	\$0	(\$349,850)	(\$63,040)	(\$177,026)	(\$273,838)		(\$267,314)	\$4,082
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	\$0	\$1,271,799	\$1,194,055	\$876,103	\$3,189,154	\$155,956	\$251,597	\$4,082
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days									101,433	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.1823								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$14.29	\$23.26		\$35.83	\$1.54	\$2.83	\$0.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.87	\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.79	\$13.14	\$0.00	\$2.63	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.66	\$84.65	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4115								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.49	\$119.48	\$0.00	\$16.92	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
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	\$6.79	\$6.57	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.28	\$126.05	\$0.00	\$17.14	\$27.33	\$0.00	\$24.34	\$1.54	\$9.83	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Crisp Regional Nursing and 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: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.4206	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Nurse Hours per On-Site Day/Quality Incentive:		50.0%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.8677	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					4.14	3.0%				1.9036	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644.00	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21.90	\$2.81	\$15.35	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.94	\$60.11	\$0.00	\$20.45	\$23.09		\$20.56	\$2.81	9.62 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.82	\$11.04	\$0.00	\$3.76	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.76	\$71.15	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9036								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.05	\$135.44	\$0.00	\$24.21	\$27.33	\$0.00	\$24.34	\$2.81	\$9.62	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.45	\$7.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.06	\$4.06								
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	\$29.36	\$12.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.41	\$147.48	\$0.00	\$24.43	\$27.33	\$0.00	\$41.44	\$2.81	\$9.62	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.23									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Cross View Care Center Prvdr ID: 00142502A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.4% Nurse Hours per On-Site Day/Quality Incentive: 2.81 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1512 Quarterly Medicaid CMI: 1.3611 Qtrly Mcaid CMI w RUG Wght Options: 1.3832 </div> <div> Facility Specific State-wide 1.1512 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	\$693	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.54	\$46.78	\$0.00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2.23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.64	\$0.00	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0.77	7.68 (FRV)	\$2.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.37	\$7.47	\$0.00	\$3.19	\$4.27	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82	\$48.11	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3832								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.26	\$66.55	\$0.00	\$20.53	\$27.54	\$0.00	\$22.19	\$0.77	\$7.68	\$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.33	\$1.33								
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	\$20.22	\$2.53	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.48	\$69.08	\$0.00	\$20.75	\$27.54	\$0.00	\$39.66	\$0.77	\$7.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Cumming Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140302A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3016	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		69.2%	5.5%	Quarterly Medicaid CMI:				1.5354	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5649	1.5713

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534.00	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8	Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9.85 (FRV)	\$0.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.35	\$13.14	\$0.00	\$3.38	\$4.00	\$0.00	\$2.83	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.76	\$84.65	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5649								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.58	\$132.47	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.29	\$7.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.97	\$3.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.14	\$11.26	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.72	\$143.73	\$0.00	\$21.79	\$26.21	\$0.00	\$35.71	\$1.48	\$9.85	\$0.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI:		1.3112	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score		42.9%		2.5%		Quarterly Medicaid CMI:		1.5460	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive:		4.75		3.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.5718	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$1,344,854.00	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5,856									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL Ins Rpt Days								11,404		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$228.72	\$105.54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84		\$53.61	\$0.21	\$19.96	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	\$0.21	28.24 (FRV)	\$1.82
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.05	\$13.14	\$0.00	\$2.89	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.22	\$84.65	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5718								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.62	\$133.05	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
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	\$24.64	\$7.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.26	\$140.37	\$0.00	\$18.85	\$27.33	\$0.00	\$41.44	\$0.21	\$28.24	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Dade Health and Rehab Center				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142865A				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2764				1.2764	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 43.2%	2.5%	Quarterly Medicaid CMI: 1.7579				1.7579	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7930				1.7930	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776.00	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19.75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764								
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
11	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8.51	\$0.57
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45	\$10.76	\$0.00	\$2.85	\$3.63	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.17	\$69.36	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7930								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$202.17	\$124.36	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$3.11	\$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
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	\$25.47	\$7.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.64	\$131.73	\$0.00	\$18.60	\$23.79	\$0.00	\$38.15	\$6.29	\$8.51	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Dawson Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide	
Prvdr ID: 00140808A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:		1.2140	1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		37.8%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:		1.5684	1.5438	
						4.00	3.0%			1.5951	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,364.66	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlmnts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)		(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstlmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstlmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.14	\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.13	\$10.40	\$0.00	\$2.75	\$3.06	\$0.00	\$2.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.27	\$66.99	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5951								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.14	\$106.86	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.65	\$113.27	\$0.00	\$17.96	\$20.12	\$0.00	\$36.28	\$3.07	\$8.22	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Decatur Health and Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059452A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.7909				1.7909	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 34.7%		2.5%	2.0%	Quarterly Medicaid CMI: 1.7362				1.7362	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive: 3.71				Qtrly Mcaid CMI w RUG Wght Options: 1.7689				1.7689	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,960,862.04	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	23,853								24,394	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0.11	\$9.39	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7909								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0.11	\$9.39	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.14	\$9.23	\$0.00	\$3.32	\$2.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.13	\$59.47	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7689								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.86	\$105.20	\$0.00	\$21.37	\$18.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$5.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.85	\$110.46	\$0.00	\$21.59	\$18.50	\$0.00	\$41.44	\$0.11	\$13.20	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Delmar Gardens of Gwinnett, Inc.		Case Mix Per Diem Rate Effective Date: 1/1/2021		Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: 00395161A		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Growth Allowance: Qtrly BIMS score 15.2%		N/A 0.0%		Base Period Overall CMI: Quarterly Medicaid CMI: 1.2576 1.5199		1.2576 1.5199		1.3617 1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.64		2.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.5460		1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011.00	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519	
8	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1.38	\$6.74	\$0.93	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2576									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1.38	\$6.74	\$0.93	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.88	\$12.48	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.57	\$80.41	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5460									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.31									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.47	\$124.31	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49									
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	\$20.12	\$3.02	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.59	\$127.33	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$1.38	\$9.39	\$0.93	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.37										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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			N/A	18.37%	Base Period Overall CMI: 1.2475			1.2475	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 37.9%			37.9%	2.5%	Quarterly Medicaid CMI: 1.4439			1.4439	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.95			3.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4676			1.4676	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,229,800.00	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$980,619	\$54,596	\$461,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.70	\$78.29	\$0.00	\$16.69	\$20.35	(with L&H)	\$18.53	\$1.43	\$6.42	\$0.99
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2475								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.74	\$11.53	\$0.00	\$3.07	\$3.74	\$0.00	\$3.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.65	\$74.29	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4676								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.39	\$109.03	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.99
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.63	\$6.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.02	\$115.56	\$0.00	\$19.98	\$24.50	\$0.00	\$39.40	\$1.43	\$10.16	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Douglasville Nursing and Rehab Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141083A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.5626	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	19.9%	0.0%	Quarterly Medicaid CMI:				1.4645	1.5438
					3.65	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4912	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$12,063,143.00	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)		(\$128,218)	\$105,988
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8	Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	\$10.41	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.88	\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.75	\$10.32	\$0.00	\$2.76	\$2.50	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$66.51	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4912								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.30	\$99.18	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.98	\$1.98								
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	\$20.61	\$2.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.91	\$101.69	\$0.00	\$18.00	\$16.54	\$0.00	\$37.88	\$1.16	\$14.35	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.36									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Dublinair Health & Rehab Center Prvdr ID: 00059947A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score 40.9% Nurse Hours per On-Site Day/Quality Incentive: 3.02		N/A 40.9% 3.02	18.37% 2.5% 3.0%	Base Period Overall CMI: 1.2467 Quarterly Medicaid CMI: 1.7159 Qtrly Mcaid CMI w RUG Wght Options: 1.7489			1.2467 1.7159 1.7489	1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,803,623.00	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrnts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2467</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.97	\$10.00	\$0.00	\$2.91	\$2.94	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.03	\$64.46	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7489</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.30	\$112.73	\$0.00	\$18.74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.82	\$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	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	\$24.83	\$6.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.13	\$119.46	\$0.00	\$18.96	\$19.37	\$0.00	\$31.12	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Dunwoody Health and Rehab Ctr				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00815295A				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.6363				1.6363	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score: 23.9%	1.0%	Quarterly Medicaid CMI: 1.8389				1.8389	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.13		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8740				1.8740	1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181.00	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days									71,443	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2.78
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.6363								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16.32		\$27.02	\$0.08	\$7.23	\$2.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68 (FRV)	\$2.78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.93	\$12.97	\$0.00	\$3.18	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.27	\$83.56	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8740								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$156.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.30	\$156.59	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
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	\$22.96	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.26	\$161.82	\$0.00	\$20.73	\$19.73	\$0.00	\$41.44	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eagle Health			<u>Add-on Data and Percentages</u>			Facility <u>Score</u>	Add-on <u>Percent</u>	<u>Case Mix Index (CMI) Data</u>			Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: 00143151A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A			Base Period Overall CMI: 1.3784			1.3617
			MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qtrly BIMS score 50.0%			Quarterly Medicaid CMI: 1.4818			1.5438
			Nurse Hours per On-Site Day/Quality Incentive:			3.38 3.0%			Qtrly Mcaid CMI w RUG Wght Options: 1.5059			1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,453,079.09	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	Total Nursing Facility Days As Filed Days = 20,477 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,726	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,477							27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3784								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15.79	\$20.25		\$20.56	\$4.14	9.38 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.71	\$12.31	\$0.00	\$2.90	\$3.72	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.18	\$79.33	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5059								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.31	\$119.46	\$0.00	\$18.69	\$23.97	\$0.00	\$24.34	\$4.14	\$9.38	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.57	\$6.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$28.41	\$10.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.72	\$130.14	\$0.00	\$18.91	\$24.38	\$0.00	\$41.44	\$4.14	\$9.38	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Early Memorial 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: 00140874A		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2350	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		23.2%	1.0%	Quarterly Medicaid CMI:				1.4433	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.74	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4692	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202.00	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	\$1,782,433	\$0	\$34,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$14,982	(\$72,500)	\$0	(\$447)	\$39,877	\$17,103	\$30,725		\$224	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days								33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.59	\$11.31	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.29	\$72.86	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4692								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.48	\$107.05	\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.81	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.61	\$111.86	\$0.00	\$21.24	\$27.33	\$0.00	\$41.44	\$0.00	\$8.74	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: East Lake Arbor		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140137A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:				1.2163	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Nurse Hours per On-Site Day/Quality Incentive:		27.8%	1.0%	Quarterly Medicaid CMI:				1.7210	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				3.20	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7543	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,536,622.00	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$171,960)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.88	\$73.82	\$0.00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$11.15	\$0.00	\$3.00	\$3.41	\$0.00	\$2.97	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.46	\$71.84	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7543								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.65	\$126.03	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.78	\$3.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.32	\$131.60	\$0.00	\$19.56	\$22.38	\$0.00	\$36.61	\$3.96	\$9.61	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: Eastman Healthcare Prvdr ID: 00141974A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.3% Nurse Hours per On-Site Day/Quality Incentive: 2.84 </div> <div> Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1568 Quarterly Medicaid CMI: 1.4954 Qtrly Mcaid CMI w RUG Wght Options: 1.5226 </div> <div> Facility Specific 1.1568 1.4954 1.5226 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.46	\$57.26	\$0.00	\$16.35	\$15.12	(with L&H)	\$16.24	\$1.03	\$16.94	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.60	\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	7.84 (FRV)	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.85	\$9.09	\$0.00	\$3.00	\$2.78	\$0.00	\$2.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.45	\$58.59	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5226								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.07	\$89.21	\$0.00	\$19.35	\$17.90	\$0.00	\$19.22	\$1.03	\$7.84	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slng 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	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.27	\$93.31	\$0.00	\$19.57	\$18.31	\$0.00	\$36.69	\$1.03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eastview Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140885A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4001			1.4001	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 58.0%		58.0%	5.5%	Quarterly Medicaid CMI: 1.5264			1.5264	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.05		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5549			1.5549	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853.00	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8	Total Nursing Facility Days	As Filed Days = 29,341										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,662										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	\$1.15	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.44	\$43.56	\$0.00	\$12.60	\$18.57		\$17.04	\$2.96	7.78	\$0.93
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.85	\$8.00	\$0.00	\$2.31	\$3.41	\$0.00	\$3.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.29	\$51.56	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5549								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.90	\$80.17	\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.41	\$4.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$25.45	\$7.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.35	\$87.52	\$0.00	\$15.13	\$22.39	\$0.00	\$37.64	\$2.96	\$7.78	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Eatonton Health & Rehabilitation Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00223473A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Qtrly BIMS score: 28.6%		Base Period Overall CMI: 1.0%		1.3434	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.02		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3453		1.5713		1.3266	1.5438	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,078,891.65	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3434								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.14	\$10.84	\$0.00	\$2.74	\$3.32	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.70	\$69.85	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3453								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.82	\$93.97	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.39	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.21	\$98.26	\$0.00	\$17.85	\$21.82	\$0.00	\$38.36	\$3.59	\$8.76	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Effingham Extended Care Facility Prvdr ID: 00140907A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.9% Nurse Hours per On-Site Day/Quality Incentive: 4.95 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 7.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2538 Quarterly Medicaid CMI: 1.2758 Qtrly Mcaid CMI w RUG Wght Options: 1.2942 </div> <div> Facility Specific 1.2538 1.2758 1.2942 </div> <div> State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,499,706.00	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	37,034							36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2538</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.79	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2942</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.69	\$109.55	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.93	\$10.34	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>7.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.67	\$7.67								
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	\$27.51	\$10.41	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.20	\$119.96	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$2.93	\$10.34	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

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Provider: Emanuel Medical Center Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140929A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qltry BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.1993	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.52	32.4%	2.5%	Qltry Mcaid CMI w RUG Wght Options:				1.2130	1.5438
					4.52	3.0%					1.2326	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,357,875.00	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,028
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,028
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.83	\$85.77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35.52	\$0.40	\$8.62	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.1993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35.52	\$0.40	\$8.62	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.40	12.49 (FRV)	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.23	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2326								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.92	\$104.34	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
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	\$22.84	\$5.74	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.76	\$110.08	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.40	\$12.49	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Etowah Landing Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142766A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.3514	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 36.9%	2.5%	Quarterly Medicaid CMI:				1.5305	1.5438	
				2.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5582	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075.00	\$2,164,497	\$0	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&F)	\$26.10	\$1.60	\$12.25	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3514								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07		\$26.10	\$1.60	\$12.25	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1.60	8.00 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.67	\$8.61	\$0.00	\$2.33	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.32	\$55.49	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5582								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.29	\$86.46	\$0.00	\$15.04	\$19.02	\$0.00	\$24.34	\$1.60	\$8.00	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.30	\$91.74	\$0.00	\$15.26	\$19.43	\$0.00	\$41.44	\$1.60	\$8.00	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Evergreen Health and Rehab Prvdr ID: 835154999A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Growth Allowance: N/A Qtrly BIMS score: 89.7%		N/A	18.37%	Base Period Overall CMI: 1.4147 Quarterly Medicaid CMI: 1.5321			1.4147	1.3617
				Nurse Hours per On-Site Day/Quality Incentive:		3.62	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5617	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311.00	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,208							33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.05	\$0.00	\$2.53	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.07	\$58.33	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5617								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.83	\$91.09	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.01	\$5.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
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	\$26.91	\$9.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.74	\$100.27	\$0.00	\$16.52	\$22.40	\$0.00	\$41.44	\$1.46	\$6.85	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fairburn Health Care Center				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00173071A				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2420				1.2420	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 29.2%	1.0%	Quarterly Medicaid CMI: 1.6067				1.6067	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.68	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6356				1.6356	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,376,038.00	\$2,285,794	\$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)		(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL Ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3.44	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.19	\$9.79	\$0.00	\$2.30	\$3.11	\$0.00	\$2.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.74	\$63.09	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6356								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.84	\$103.19	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.56	\$106.81	\$0.00	\$15.06	\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.35									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fifth Avenue Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140984A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Qtrly BIMS score: 37.7%		Base Period Overall CMI: 1.3973		1.3973	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.91		2.5%		2.0%		Quarterly Medicaid CMI: 1.8038		1.8038	1.5438	
								Qtrly Mcaid CMI w RUG Wght Options: 1.8387		1.8387	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,048,574.00	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)		(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17.11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3973								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	\$15.84	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.91	\$10.07	\$0.00	\$2.44	\$3.14	\$0.00	\$3.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.52	\$64.90	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8387								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.95	\$119.33	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00	\$4.26	\$9.59	\$0.80
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
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	\$24.00	\$5.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.95	\$125.23	\$0.00	\$15.94	\$20.66	\$0.00	\$38.47	\$4.26	\$9.59	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:		1.1859	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score		37.3%	2.5%	Quarterly Medicaid CMI:		1.2766	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive:		4.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.2959	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783.00	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days								49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1859								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.97	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2959								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.02	\$109.70	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1.42	\$14.08	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.13	\$6.03	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.15	\$115.73	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$1.42	\$14.08	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Folkston Park Care and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141006A				Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3444	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:		40.0%	2.5%				1.5263	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20						3.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5511	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013.00	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	\$20,216
8	Total Nursing Facility Days As Filed Days = 28,686	FY12 Audited C/R Days	28,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days									27,433	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.36	\$63.17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	\$12.47	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.00	\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	8.29 (FRV)	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.15	\$8.63	\$0.00	\$2.53	\$2.49	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.15	\$55.62	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5511								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$150.80	\$86.27	\$0.00	\$16.32	\$16.05	\$0.00	\$22.53	\$0.64	\$8.29	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$1.73	\$1.73								
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	\$22.52	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.32	\$90.69	\$0.00	\$16.54	\$16.46	\$0.00	\$40.00	\$0.64	\$8.29	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fort Gaines Healthcare, 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: 00140599A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4652	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		43.2%	2.5%	Quarterly Medicaid CMI:			1.8840	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		2.93	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9201	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,803,511.75	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8	Total Nursing Facility Days As Filed Days = 20,637 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,637							18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14.19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18.76	\$1.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99 (FRV)	\$1.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.39	\$6.99	\$0.00	\$2.61	\$3.13	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.26	\$45.04	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9201								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.70	\$86.48	\$0.00	\$16.80	\$20.15	\$0.00	\$23.56	\$0.91	\$18.99	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.95	\$92.63	\$0.00	\$17.02	\$20.56	\$0.00	\$41.03	\$0.91	\$18.99	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fort Valley Nursing Ctr. Prvdr ID: 00141028A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5800			1.5800	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score 36.0%		36.0%	2.5%	Quarterly Medicaid CMI: 1.7985			1.7985	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.82		3.82	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8336			1.8336	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,307,173.12	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$70,637)	\$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506,549	\$21,740	\$418,492	\$31,045
8	Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days								23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.27	\$56.96	\$0.00	\$12.67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16.49	\$1.22
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5800								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8.07 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$15.38	\$6.62	\$0.00	\$2.33	\$2.76	\$0.00	\$3.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$109.32	\$42.67	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$1.22
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8336								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$78.24									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.89	\$78.24	\$0.00	\$15.00	\$17.80	\$0.00	\$23.63	\$0.93	\$8.07	\$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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56								
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	\$22.15	\$4.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.04	\$82.29	\$0.00	\$15.22	\$18.21	\$0.00	\$41.10	\$0.93	\$8.07	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.46									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Four County 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: 00405292A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4294			1.6101	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 28.0%	1.0%	Quarterly Medicaid CMI: 1.6101			1.5438	1.5438
						3.21	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6398			1.5713	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,426,946.06	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8	Total Nursing Facility Days As Filed Days = 26,251 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	26,251							27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.71	\$65.92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2.91	\$11.99	\$1.50
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4294								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61	\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	9.69 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.17	\$8.47	\$0.00	\$2.65	\$2.97	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.78	\$54.59	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$1.50
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6398								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.71	\$89.52	\$0.00	\$17.07	\$19.16	\$0.00	\$19.86	\$2.91	\$9.69	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$23.11	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.82	\$94.53	\$0.00	\$17.29	\$19.57	\$0.00	\$37.33	\$2.91	\$9.69	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Fox Glove Court Care and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143074A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.5814	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		45.7%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.8869	1.5438
						2.47	2.0%				1.9233	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377.00	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.11	\$0.00	\$13.30	\$15.54		\$29.73	\$8.96	\$12.79	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	\$0.00	\$13.30	\$15.54		\$20.56	\$8.96	7.91 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.17	\$8.10	\$0.00	\$2.44	\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.80	\$52.21	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9233								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.01	\$100.42	\$0.00	\$15.74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.80	\$108.48	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.28									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Friendship 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: 00141567A			Growth Allowance: N/A			40.5%	18.37%	Base Period Overall CMI: 1.2454			1.2454	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 40.5%			2.5%	2.5%	Quarterly Medicaid CMI: 1.7190			1.7190	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.51			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7515			1.7515	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356.00	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16.85	\$3.39	\$0.25	\$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.12	\$10.29	\$0.00	\$2.61	\$4.12	\$0.00	\$3.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.18	\$66.30	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7515								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.00	\$116.12	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$25.01	\$6.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.01	\$123.03	\$0.00	\$17.03	\$26.94	\$0.00	\$37.42	\$3.39	\$7.69	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gateway Health and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140786A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3591				1.3591	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 31.4%	2.5%	Quarterly Medicaid CMI: 1.5039				1.5039	1.5438
				3.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5313	1.5713

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213.00	\$1,449,766	\$0	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3.38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3591								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27		\$20.56	\$3.38	6.62 (FRV)	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.67	\$9.66	\$0.00	\$2.69	\$3.54	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.38	\$62.27	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5313								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.46	\$95.35	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.96	\$101.12	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	\$3.38	\$6.62	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.65									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Gibson Health & Rehabilitation Center Prvdr ID: 00141116A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 39.4%		N/A	18.37%	Base Period Overall CMI: 1.3210 Quarterly Medicaid CMI: 1.4939			1.3210	1.3617	
			Nurse Hours per On-Site Day/Quality Incentive:		3.14	2.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.5184	1.5438	
						3.0%				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,988.65	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As Filed Days = 33,226	FY12 Audited C/R Days	33,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL Ins Rpt Days									30,654	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$131.13	\$72.44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84	\$3.24	\$7.34	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3210								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	\$7.34	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.76	\$10.07	\$0.00	\$2.55	\$3.05	\$0.00	\$3.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.45	\$64.91	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5184								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.10	\$98.56	\$0.00	\$16.45	\$19.64	\$0.00	\$19.93	\$3.24	\$9.50	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see 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	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.05	\$5.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.15	\$104.51	\$0.00	\$16.67	\$20.05	\$0.00	\$37.40	\$3.24	\$9.50	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.29									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No			Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:			Facility Score: N/A Add-on Percent: 18.37% BIMS: 32.3% 2.94 2.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.6424 Qtrly Mcaid CMI w RUG Wght Options: 1.6746			Facility Specific Use Stwd: 1.5438 State-wide: 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
Cost Center Peer Groups per Selected Options																
Type of Facility within Peer Group																
Bed Size Range within Peer Group																
Peer Group Standards & Efficiency Measure Limits																
Peer Group Standards: Percentile																
Peer Group Standards: Multiplier																
Efficiency Measures (Maximums)																
Per Diem Costs and Add-ons																
GL-PL- Insurance Costs																
Total Nursing Facility Days GL-PL Ins. Rpt																
Standard Per Diem (After CMA for Routine Svcs)																
<u>Allowed @ 90% of Std</u>																
Growth Allowance 18.37%																
CMA Allowed Per Diem (After Growth Allowance)																
Quarterly Facility Case Mix Index for Medicaid Residents																
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem																
Quarterly Medicaid CMA Allowed Per Diem																
Quarterly Per Diem Add-On Amounts																
BIMS Add-on Per Diem = 2.5% to Routine Svcs)																
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%																
Nursing Home Provider Fee																
Total Quarterly Per Diem Add-On Amounts																
Quarterly Case Mix Based Per Diem Rate																
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%																

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Glenn-Mor Nursing Home				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: 00141149A				Add-on Data and Percentages									
Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A		18.37%		Base Period Overall CMI:		1.4211		1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score		50.0%		5.5%		Quarterly Medicaid CMI:		1.2289		1.5438	
		Nurse Hours per On-Site Day/Quality Incentive:		5.33		2.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.2477		1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934.00	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	\$12,901	\$434,680	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671	
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days											
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36.19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.30	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4211									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30	
	Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.66	\$10.29	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.58	\$66.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2477									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.76									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.01	\$82.76	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30	
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.55	\$4.55									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfing Add-on	\$1.66	\$1.66									
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	\$23.84	\$6.74	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.85	\$89.50	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.61	\$10.17	\$0.30	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.06										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Glenvue 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: 00141171A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Base Period Overall CMI: 1.1177				1.1177	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 20.4%		1.0%		Quarterly Medicaid CMI: 1.5279				1.5279	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive: 2.96		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5573				1.5573	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,418,731.99	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)		(\$23,365)	\$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	\$0.00	\$5.35	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.70	\$84.65	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5573								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.88	\$131.83	\$0.00	\$34.50	\$21.78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Sfing 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	\$22.78	\$5.27	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.66	\$137.10	\$0.00	\$34.50	\$22.19	\$0.00	\$41.44	\$2.23	\$8.62	\$0.58
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Glenwood 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: 00220514A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4921			1.4921	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 34.4%		34.4%	2.5%	Quarterly Medicaid CMI: 1.6226			1.6226	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.28		3.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6503			1.6503	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,176.91	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.95	\$79.75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22.39	\$0.08	\$4.58	\$1.10
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4921</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.39	\$53.45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15 (FRV)	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.39	\$9.82	\$0.00	\$2.42	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.78	\$63.27	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6503</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.92	\$104.41	\$0.00	\$15.57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$3.13								
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	\$24.00	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.92	\$110.68	\$0.00	\$15.79	\$15.68	\$0.00	\$41.44	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.12									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Glenwood Healthcare		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 701562744A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		33.3%		18.37%		1.4106		1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 2.60		2.5%		2.0%		Quarterly Medicaid CMI: 1.5903		1.5438
								Qtrly Mcaid CMI w RUG Wght Options:		1.6206		1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,182,871.00	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274,400	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,455	\$270,077	\$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days									16,109	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$7.58	\$0.00	\$2.73	\$2.90	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.95	\$48.87	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6206								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.28	\$79.20	\$0.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.58	\$1.58								
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	\$21.82	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.10	\$83.29	\$0.00	\$17.81	\$19.11	\$0.00	\$41.44	\$0.65	\$14.85	\$2.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gold City Health and Rehabilitation Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142975A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Qtrly BIMS score: 36.4%		Base Period Overall CMI: 1.5030		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.59		2.5%		2.0%		Quarterly Medicaid CMI: 1.6641		1.5438		
								Qtrly Mcaid CMI w RUG Wght Options: 1.6945		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187.00	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)		(\$25,679)	\$25,679
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8	Total Nursing Facility Days	As Filed Days = 31,811										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,993										
9	Net Per Diems prior to Case Mix Adjslmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$103.06	\$60.54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstdnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	\$5.61	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.40	\$0.00	\$1.83	\$2.10	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.80	\$47.68	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6945								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.91	\$80.79	\$0.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((IStd - Alwd) x .75, up to max, or 0)	(see 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	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$1.62	\$1.62								
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	\$22.27	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$155.18	\$84.96	\$0.00	\$12.01	\$13.96	\$0.00	\$34.17	\$0.58	\$8.69	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gordon Health Care Center				Facility Score		Add-on Percent		Case Mix Index (CMI) Data		Facility Specific		State-wide	
Prvdr ID: 00202848A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3364				1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 30.6%		2.5%		Quarterly Medicaid CMI: 1.5127				1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.63		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5372				1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		100.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,100,809.08	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$28,457	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457	
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0.68	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	\$15.52	\$0.68	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	9.12	\$0.68	
											(FRV)		
	Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.65	\$10.83	\$0.00	\$2.80	\$2.94	\$0.00	\$3.08	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.18	\$69.77	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5372									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.66	\$107.25	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9.12	\$0.68	
	Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see 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	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$5.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.12	\$112.61	\$0.00	\$18.26	\$19.33	\$0.00	\$37.33	\$2.79	\$9.12	\$0.68	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.27										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Grace Health Care of Tucker		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083267A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5096	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Nurse Hours per On-Site Day/Quality Incentive:		30.4%	2.5%					1.6369	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				3.59	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6656	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909.00	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$45,919)	\$60,057
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815	\$1,067,432	\$91,936	\$567,853	\$60,057
8	Total Nursing Facility Days	As Filed Days = 43,235										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,467										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49.99	\$0.00	\$15.37	\$17.92		\$20.56	\$2.27	10.17 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.07	\$9.18	\$0.00	\$2.82	\$3.29	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.74	\$59.17	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6656								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.12	\$98.55	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.69	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.81	\$103.51	\$0.00	\$18.41	\$21.62	\$0.00	\$41.44	\$2.27	\$10.17	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gracemore 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: 00141182A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.1896	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		25.9%	1.0%	Quarterly Medicaid CMI:				1.6518	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		4.71	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6812	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350.00	\$1,215,491	\$0	\$340,908	\$140,736	\$148,874	\$323,363	\$38,187	\$69,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.40	\$10.86	\$0.00	\$3.38	\$3.08	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.83	\$69.98	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6812								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.50	\$117.65	\$0.00	\$21.79	\$19.87	\$0.00	\$19.82	\$2.43	\$7.57	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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 Svcs)	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 Svcs)	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	\$23.12	\$5.24	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.62	\$122.89	\$0.00	\$21.79	\$20.28	\$0.00	\$37.29	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Grandview Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141226A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Base Period Overall CMI: 1.2061				1.2061	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 28.3%		Quarterly Medicaid CMI: 1.6235				1.6235	1.5438	
				3.74		Qtrly Mcaid CMI w RUG Wght Options: 1.6544				1.6544	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753.00	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)		\$10,190	\$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8	Total Nursing Facility Days	As Filed Days = 21,651										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,923										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2061								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64.81	\$0.00	\$18.41	\$18.08		\$19.28	\$3.15	9.90	\$1.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.15	\$11.91	\$0.00	\$3.38	\$3.32	\$0.00	\$3.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$76.72	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6544								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.66	\$126.93	\$0.00	\$21.79	\$21.40	\$0.00	\$22.82	\$3.15	\$9.90	\$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)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.34	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.88	\$131.27	\$0.00	\$21.79	\$21.81	\$0.00	\$40.29	\$3.15	\$9.90	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Green Acres Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00083014A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1607			1.1607	1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.82		Qtrly BIMS score: 36.1%	2.5%	Quarterly Medicaid CMI: 1.3983			1.3983	1.5438		
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4215			1.4215	1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,732,590.52	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	9.02 (FRV)	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.38	\$11.39	\$0.00	\$2.69	\$3.11	\$0.00	\$3.19	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.86	\$73.37	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4215								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.79	\$104.30	\$0.00	\$17.32	\$20.05	\$0.00	\$20.53	\$2.82	\$9.02	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
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	\$23.33	\$5.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.12	\$109.53	\$0.00	\$17.54	\$20.46	\$0.00	\$38.00	\$2.82	\$9.02	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Greene Point Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142634A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.2987	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		43.2%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.4905	1.5438
						3.38	3.0%				1.5183	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,305.94	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10.57	\$0.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	12.07 (FRV)	\$0.63
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.96	\$11.07	\$0.00	\$3.00	\$3.50	\$0.00	\$3.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.67	\$71.34	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5183								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.65	\$108.32	\$0.00	\$19.34	\$22.54	\$0.00	\$21.87	\$2.88	\$12.07	\$0.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.24	\$114.81	\$0.00	\$19.56	\$22.95	\$0.00	\$39.34	\$2.88	\$12.07	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Gwinnett Extended 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: 00781382A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4525	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		40.6%	2.5%	Quarterly Medicaid CMI:			1.6335	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		6.04	5.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6630	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530.09	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)		\$2,737	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0
8	Total Nursing Facility Days As Filed Days = 31,822 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	31,822							29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0.33	\$37.13	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4525								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.81	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6630								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.93	\$140.77	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.33	\$13.66	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$7.04	\$7.04								
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	\$27.66	\$10.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.59	\$151.33	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.33	\$13.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Habersham Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141292A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.1936	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	52.1%	5.5%	Quarterly Medicaid CMI:				1.3459	1.5438
					4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3687	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,494,717.33	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1936								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0.00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23.09		\$18.07	\$2.81	8.05 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altknc %	\$22.94	\$13.14	\$0.00	\$2.24	\$4.24	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$84.65	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3687								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.87	\$115.86	\$0.00	\$14.43	\$27.33	\$0.00	\$21.39	\$2.81	\$8.05	\$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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$27.54	\$9.85	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.41	\$125.71	\$0.00	\$14.65	\$27.33	\$0.00	\$38.86	\$2.81	\$8.05	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.23									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Haralson Nursing and Rehab Center Prvdr ID: 00141325A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 3.23 </div> <div> Facility Score N/A 2.0% </div> <div> Add-on Percent 18.37% 1.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5429 Quarterly Medicaid CMI: 1.7175 Qtrly Mcaid CMI w RUG Wght Options: 1.7498 </div> <div> Facility Specific 1.5429 1.7175 1.7498 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,231	FY 18 GL-PL Ins Rpt Days								36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.24	\$43.53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8.16 (FRV)	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.98	\$8.00	\$0.00	\$2.32	\$2.25	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.22	\$51.53	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7498								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.86	\$90.17	\$0.00	\$14.95	\$14.50	\$0.00	\$28.43	\$5.82	\$8.16	\$0.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$20.96	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.82	\$93.40	\$0.00	\$15.17	\$14.91	\$0.00	\$45.53	\$5.82	\$8.16	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems of 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		23.0%		Qtrly BIMS score: 1.0%		Base Period Overall CMI: 1.4862		1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.08		4.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.6707		1.5438	
										1.6994		1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458.00	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$36,467)	\$0	\$0	\$0	\$0	\$0	(\$36,467)		(\$31,133)	\$31,133	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133	
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11.52	(with L&H)	\$23.11	\$1.48	\$20.12	\$0.97	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4862									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23.11	\$1.48	\$20.12	\$0.97	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1.48	7.18 (FRV)	\$0.97	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.33	\$8.79	\$0.00	\$2.64	\$2.12	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.24	\$56.64	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6994									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.25									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.85	\$96.25	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$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)	\$1.16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85									
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	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.92	\$101.59	\$0.00	\$17.21	\$14.05	\$0.00	\$41.44	\$1.48	\$7.18	\$0.97	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.12										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - Pierce		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142447A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2039				1.2039	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 5.69		Qtrly BIMS score 27.7%	1.0%	Quarterly Medicaid CMI: 1.5180				1.5180	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5440				1.5440	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551.00	\$3,155,485	\$0	\$784,196	\$36,621	\$528,430	\$1,268,859	\$45,310	\$269,650	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096
8	Total Nursing Facility Days As Filed Days = 26,836	FY12 Audited C/R Days	26,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0.00	\$31.33	\$22.68	(with L&H)	\$44.67	\$2.63	\$9.45	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.44	\$13.14	\$0.00	\$5.35	\$4.17	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.18	\$84.65	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5440								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.23	\$130.70	\$0.00	\$34.50	\$26.85	\$0.00	\$24.34	\$2.63	\$14.61	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$5.23	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.87	\$135.93	\$0.00	\$34.50	\$27.16	\$0.00	\$41.44	\$2.63	\$14.61	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - 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		N/A	18.37%	Base Period Overall CMI: 1.3231				1.3231	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		15.4%	0.0%	Quarterly Medicaid CMI: 1.5943				1.5943	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		5.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6213				1.6213	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$7,325,269.00	\$4,064,367	\$0	\$876,299	\$26,317	\$611,920	\$1,498,239	\$47,490	\$200,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days	As Filed Days = 32,718										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 22,515										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	FY12 Audited C/R Days										
	Base Period Facility Case Mix Index for All Residents	FY 18 GL-PL Ins Rpt Days								22,515		
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2.11	\$5.64	\$0.49
11	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	from 4 qtrs of FY12		1.3231								
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	Ln 9 / Ln 10		\$87.69								
13	Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0.49
14	Quarterly Per Diem Rate Prior to Add-ons	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	Growth Allowance Percentage = 18.37%	Lessor of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 x Grwth Allwnc %	\$26.08	\$13.14	\$0.00	\$5.25	\$3.91	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$181.84	\$84.65	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End		1.6213								
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17	\$234.43	\$137.24	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0.49
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$137.24								
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - 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	
22	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
23	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$4.12	\$4.12								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.85	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$256.28	\$141.36	\$0.00	\$34.06	\$25.61	\$0.00	\$41.44	\$2.11	\$11.21	\$0.49
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Harborview Health Systems - Thomaston		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140621A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2365				1.2365	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 20.3%		1.0%		Quarterly Medicaid CMI: 1.4425				1.4425	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive: 4.02		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4672				1.4672	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521.00	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.77	\$70.52	\$0.00	\$15.22	\$11.43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2365</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.16	\$10.48	\$0.00	\$2.80	\$2.10	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.55	\$67.51	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4672</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.09	\$99.05	\$0.00	\$18.02	\$13.53	\$0.00	\$24.34	\$1.50	\$8.73	\$0.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.98	\$1.98								
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	\$21.23	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.32	\$102.55	\$0.00	\$18.24	\$13.94	\$0.00	\$41.44	\$1.50	\$8.73	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.67									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Harrington Park Prvdr ID: 003165726A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 19.2% Nurse Hours per On-Site Day/Quality Incentive: 3.59			Facility Score N/A 18.37% 0.0% 3.0%	Add-on Percent 18.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2352 Quarterly Medicaid CMI: 1.2537 Qtrly Mcaid CMI w RUG Wght Options: 1.5713			Facility Specific Use Stwd 1.2352 1.2537	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.80	\$7.37
	<u>Allowed @ 95% of Std</u>		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.80	\$7.37
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$198.13	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.76	\$37.80	\$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2537</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$100.81								
	Quarterly Medicaid CMA Allowed Per Diem		\$218.53	\$100.81		\$20.70	\$25.97		\$23.12	\$2.76	\$37.80	\$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.02	\$3.02								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.12									
	Quarterly Case Mix Based Per Diem Rate		\$238.65	\$103.83		\$20.70	\$25.97		\$40.22	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.17										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Hart Care Center Prvdr ID: 00167857A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.5% Nurse Hours per On-Site Day/Quality Incentive: 3.83 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5289 Quarterly Medicaid CMI: 1.6493 Qtrly Mcaid CMI w RUG Wght Options: 1.6771 </div> <div> Facility Specific 1.5289 1.6493 1.6771 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$78,118)	\$0	\$0	\$0	\$0	\$0	(\$78,118)		(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.06	\$9.08	\$0.00	\$2.50	\$2.15	\$0.00	\$3.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.90	\$58.52	\$0.00	\$16.12	\$13.83	\$0.00	\$21.48	\$1.32	\$7.13	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6771								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.52	\$98.14	\$0.00	\$16.12	\$13.83	\$0.00	\$21.48	\$1.32	\$7.13	\$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sling Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.54	\$104.06	\$0.00	\$16.34	\$14.24	\$0.00	\$38.95	\$1.32	\$7.13	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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	18.37%	Base Period Overall CMI:			1.3222	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		24.6%	1.0%	Quarterly Medicaid CMI:			1.5191	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.31	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5432	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275.00	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,055							31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42.87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.93	\$11.22	\$0.00	\$5.35	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.84	\$72.30	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5432								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.11	\$111.57	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.46	\$4.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.62	\$6.11	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.73	\$117.68	\$0.00	\$34.50	\$17.05	\$0.00	\$41.44	\$2.81	\$8.18	\$0.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.47									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Hazlehurst Court Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059705A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.4494	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 12.8%	0.0%	Quarterly Medicaid CMI:				1.4612	1.5438	
				2.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4866	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,073,423.00	\$1,404,920	\$0	\$314,016	\$112,585	\$178,967	\$808,389	\$15,264	\$239,282	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,751
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4494</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12.88		\$39.64	\$0.62	\$10.56	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Gnwth Allwnc %	\$16.79	\$7.98	\$0.00	\$2.66	\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.12	\$51.43	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4866</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.15	\$76.46	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.55	\$2.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$161.70	\$79.28	\$0.00	\$17.38	\$15.66	\$0.00	\$41.44	\$0.62	\$6.78	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heardmont Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00082981A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1433				1.1433	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.87		Qtrly BIMS score 36.1%	2.5%	Quarterly Medicaid CMI: 1.6400				1.6400	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6722				1.6722	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340.00	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8	Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62	\$3.50	\$8.57	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75		\$19.62	\$3.50	\$8.57	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.00	\$9.20	\$0.00	\$2.96	\$4.24	\$0.00	\$3.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.33	\$59.30	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6722								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.19	\$99.16	\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.98	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.86	\$105.14	\$0.00	\$19.29	\$27.33	\$0.00	\$40.69	\$3.50	\$7.56	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.82									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 27.4% Nurse Hours per On-Site Day/Quality Incentive: 3.09		Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2133 Quarterly Medicaid CMI: 1.7693 Qtrly Mcaid CMI w RUG Wght Options: 1.8047				Facility Specific: 1.2133 1.7693 1.8047	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 95% of Std												
Growth Allowance 18.4%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% o Routine Svcs)												
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												
		\$176.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider:	Heritage Healthcare -Forsyth, LLC			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID:	00141017A			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3861	1.3617
	Case Mix Per Diem Rate Effective Date: 1/1/2021			Nurse Hours per On-Site Day/Quality Incentive:		26.8%	1.0%				1.5567	1.5438
	MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					2.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5849	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363.00	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3861								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altknc %	\$19.30	\$10.13	\$0.00	\$2.34	\$3.63	\$0.00	\$3.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.86	\$65.27	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5849								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.04	\$103.45	\$0.00	\$15.08	\$23.37	\$0.00	\$20.60	\$7.05	\$7.25	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
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	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.80	\$108.11	\$0.00	\$15.30	\$23.78	\$0.00	\$38.07	\$7.05	\$7.25	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Healthcare -Grandview, 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: 00141215A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4300				1.4300	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.14		Qtrly BIMS score: 32.7%	2.5%	Quarterly Medicaid CMI: 1.5750				1.5750	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6030				1.6030	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099.00	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719,325	\$173,230	\$250,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)	(\$82,840)		(\$43,856)	\$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0	\$471,835	\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.60	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	11.45 (FRV)	\$1.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.52	\$10.60	\$0.00	\$2.65	\$3.75	\$0.00	\$3.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.12	\$68.32	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6030								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.32	\$109.52	\$0.00	\$17.08	\$24.16	\$0.00	\$22.68	\$7.09	\$11.45	\$1.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.66	\$6.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.98	\$116.08	\$0.00	\$17.30	\$24.57	\$0.00	\$40.15	\$7.09	\$11.45	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Inn of Barnesville				<u>Add-on Data and Percentages</u>		<u>Facility 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3499			1.3499	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 49.2%		5.5%	5.5%	Quarterly Medicaid CMI: 1.5309			1.5309	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.12		3.12	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5560			1.5560	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$4,953,065.08	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days	As Filed Days = 39,325										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,775										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days										
	Base Period Facility <u>Case Mix Index</u> for All Residents	FY 18 GL-PL Ins Rpt Days								39,775		
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a	\$125.29	\$68.61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
11	Net Per Diems after Case Mix Adjstmt to Routine Svcs	from 4 qtrs of FY12		1.3499								
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	Ln 9 / Ln 10		\$50.83								
13	Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllQthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62
14	Quarterly Per Diem Rate Prior to Add-ons	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Growth Allowance Percentage = 18.37%	Lesser of Ln 12 or Ln 13	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	7.05	\$0.62
16	CMA Allowed Per Diem (After Growth Allowance Add-on)										(FRV)	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 x Grwth Allwnc %	\$17.47	\$9.34	\$0.00	\$2.52	\$2.75	\$0.00	\$2.86	N/A	N/A	N/A
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 + Ln 15	\$123.06	\$60.17	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
19	Quarterly Medicaid CMA Allowed Per Diem	per Current Qtr End		1.5560								
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	Ln 16 x Ln 17		\$93.62								
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	RS = Ln 18, AllQthr = Ln 16	\$156.51	\$93.62	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)											
23	Nursing Home Provider Fee	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Ln 19 Col b x CPS Add-on	\$5.15	\$5.15								
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Fixed Amount)	\$17.10						\$17.10			
27	Quarterly Case Mix Based Per Diem Rate	Sum of Lns 20 thru 23	\$26.59	\$8.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
28	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.10	\$102.11	\$0.00	\$16.48	\$18.13	\$0.00	\$35.89	\$2.82	\$7.05	\$0.62
29	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Inn of Sandersville		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142678A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3183	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.42	50.0%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.7621	1.5438
					3.0%					1.7950	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,685.33	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$21,030)	\$21,905
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12		1,3183								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.61	\$9.73	\$0.00	\$2.69	\$3.14	\$0.00	\$3.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.72	\$62.67	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1,7950								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.54	\$112.49	\$0.00	\$17.36	\$20.23	\$0.00	\$19.66	\$2.67	\$10.12	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.19	\$10.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.73	\$122.58	\$0.00	\$17.58	\$20.64	\$0.00	\$37.13	\$2.67	\$10.12	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Heritage Inn of Statesboro				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142161A				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2962			1.2962	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 35.5%		35.5%	2.5%	Quarterly Medicaid CMI: 1.5662			1.5662	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 2.94		2.94	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5940			1.5940	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,625,557.37	\$1,942,671	\$0	\$400,417	\$189,018	\$260,754	\$492,323	\$88,441	\$251,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
8	Total Nursing Facility Days	As Filed Days = 28,133	28,133									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,694									28,694	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2962								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.50	\$53.27	\$0.00	\$14.17	\$15.98		\$16.90	\$3.08	7.06 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwnth Allwnc %	\$18.43	\$9.79	\$0.00	\$2.60	\$2.94	\$0.00	\$3.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.93	\$63.06	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5940								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.39	\$100.52	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.54	\$105.57	\$0.00	\$16.99	\$19.33	\$0.00	\$37.47	\$3.08	\$7.06	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: High Shoals Health & Rehabilitation Prvdr ID: 00212814A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 24.2% Nurse Hours per On-Site Day/Quality Incentive: 2.73 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3425 Quarterly Medicaid CMI: 1.3466 Qtrly Mcaid CMI w RUG Wght Options: 1.3705 </div> <div> Facility Specific 1.3425 1.3466 1.3705 </div> <div> State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039.00	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	(\$83,346)		(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,611							33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24.30	\$2.92	\$2.35	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3425</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2.35	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$2.92	15.49 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.09	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3705</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.45	\$116.01	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.92	\$15.49	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	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 Svcs)	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	\$21.74	\$4.64	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$230.19	\$120.65	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.92	\$15.49	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

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Provider: Hill Haven Nursing Home		Case Mix Per Diem Rate Effective Date: 1/1/2021		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00448456A		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.2298	1.3617
				Nurse Hours per On-Site Day/Quality Incentive:		29.4%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4056	1.5438
						3.12	3.0%				1.4300	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,142,256.00	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$2,086)	(\$42,166)		(\$40,283)	\$37,807
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,086,999	\$1,567,530	\$0	\$318,402	\$214,937	\$198,025	\$490,696	\$62,431	\$197,171	\$37,807
8	Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2298								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$55.63	\$0.00	\$13.90	\$18.02		\$20.56	\$2.62	9.77 (FRV)	\$1.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.86	\$10.22	\$0.00	\$2.55	\$3.31	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.01	\$65.85	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$1.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4300								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.33	\$94.17	\$0.00	\$16.45	\$21.33	\$0.00	\$24.34	\$2.62	\$9.77	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$22.03	\$4.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.36	\$98.47	\$0.00	\$16.67	\$21.74	\$0.00	\$41.44	\$2.62	\$9.77	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Jesup Health Care Prvdr ID: 00142689A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.5% Nurse Hours per On-Site Day/Quality Incentive: 4.43 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 2.5% 4.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4500 Quarterly Medicaid CMI: 1.9616 Qtrly Mcaid CMI w RUG Wght Options: 2.0009 </div> <div> Facility Specific: 1.4500 1.9616 2.0009 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,416,685.96	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,281)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,507 As Filed Days = 21,290	24,507	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days						21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12.62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4500								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6.58 (FRV)	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.51	\$8.32	\$0.00	\$2.32	\$3.21	\$0.00	\$3.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.90	\$53.61	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		2.0009								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.56	\$107.27	\$0.00	\$14.94	\$20.67	\$0.00	\$23.61	\$0.97	\$6.58	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.29	\$4.29								
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	\$25.60	\$7.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.16	\$114.77	\$0.00	\$15.16	\$21.08	\$0.00	\$41.08	\$0.97	\$6.58	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.30									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Joe-Ann Burgin Nursing 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: 00141633A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2689	1.3617	
H/B ? : No				BIMS		37.5%	2.5%	Quarterly Medicaid CMI:			1.2221	1.5138	
Case Mix Per Diem Rate Effective Date: 01/01/21				Nurse Hours per On-Site Day/Quality Incentive:		3.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2381	1.5405	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20													
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
Base Period Per Diem Allowed Amounts													
Net Historical Cost 2010													
Inflation (July 2012) @ 2.06%													
Patient Days													
Total Nursing Facility Days GL-PL Ins. Rpt													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 18.37%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
Quarterly Case Mix Based Per Diem Rate													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

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Provider: Jonesboro Nurs. & 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: 00531033A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.7250	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		25.0%	1.0%	Quarterly Medicaid CMI:			1.6947	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7263	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862.00	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86 (FRV)	\$1.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.05	\$8.21	\$0.00	\$3.06	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.83	\$52.92	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7263								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.27	\$91.36	\$0.00	\$19.72	\$19.31	\$0.00	\$24.34	\$3.70	\$13.86	\$1.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
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	\$21.91	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.18	\$95.54	\$0.00	\$19.94	\$19.72	\$0.00	\$41.44	\$3.70	\$13.86	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

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Provider: Kentwood			<u>Add-on Data and Percentages</u>				<u>Facility 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				18.37%	Base Period Overall CMI: 1.2689			1.2689	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 43.5%				2.5%	Quarterly Medicaid CMI: 1.4273			1.4273	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 4.24				3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4511			1.4511	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,877.69	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)	(\$64,063)		(\$256)	\$256	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256	
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL Ins Rpt Days								33,404			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0.00	\$19.87	\$17.45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0.01	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$71.51	\$0.00	\$18.41	\$17.45		\$20.56	\$5.28	17.04 (FRV)	\$0.01	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.51	\$13.14	\$0.00	\$3.38	\$3.21	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.77	\$84.65	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4511									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.84									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.96	\$122.84	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((SInd - 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07									
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69									
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	\$24.27	\$6.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.23	\$129.60	\$0.00	\$21.79	\$21.07	\$0.00	\$41.44	\$5.28	\$17.04	\$0.01	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.35										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Keysville Nursing Home and Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00141655A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:			1.3131	1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 58.3%	5.5%	Quarterly Medicaid CMI:			1.3981	1.5438		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4234	1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,873,358.28	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3131								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14.88	\$3.03	13.59 (FRV)	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.79	\$8.88	\$0.00	\$2.94	\$4.24	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.79	\$57.21	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4234								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.01	\$81.43	\$0.00	\$18.96	\$27.33	\$0.00	\$17.61	\$3.03	\$13.59	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.48	\$4.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.14	\$7.45	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.15	\$88.88	\$0.00	\$19.18	\$27.33	\$0.00	\$35.08	\$3.03	\$13.59	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lafayette 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: 00399737A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4871				1.4871	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 6.92		Qtrly BIMS score 41.0%	2.5%	Quarterly Medicaid CMI: 1.5287				1.5287	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5542				1.5542	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,256,560.00	\$4,885,876	\$0	\$883,051	\$416,107	\$519,499	\$1,637,603	\$385,084	\$529,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	(\$4,163)		(\$85,898)	\$87,765
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	\$878,879	\$416,947	\$521,331	\$1,633,440	\$385,084	\$443,442	\$87,765
8	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4871								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8.60	\$8.05	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.47 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.63	\$10.79	\$0.00	\$2.93	\$3.13	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.56	\$69.52	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5542								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$198.09	\$108.05	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.29	\$114.52	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	\$8.60	\$16.47	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: LaGrange Nurs, & Rehab. Ctr.				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide	
Prvdr ID: 00270245A				Add-on Data and Percentages		Growth Allowance: N/A		Base Period Overall CMI: 1.4490		1.4490		1.3617		
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 23.7%		1.0%		Quarterly Medicaid CMI: 1.6613		1.6613		1.5438		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 2.90		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6941		1.6941		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g	g	h	i		
CASE MIX BASED RATE CALCULATIONS														
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1					
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,142,325.00	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)		\$46,284	\$30,380		
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380		
8	Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991											
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days								33,094				
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4490										
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09										
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65		
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A			
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93 (FRV)	\$0.65		
	Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.34	\$8.28	\$0.00	\$2.42	\$2.45	\$0.00	\$3.19	N/A	N/A	N/A		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.64	\$53.37	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65		
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6941										
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.41										
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.68	\$90.41	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0.74	\$8.93	\$0.65		
	Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90										
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.81	\$1.81										
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	\$21.34	\$3.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.02	\$93.65	\$0.00	\$15.83	\$16.17	\$0.00	\$38.05	\$0.74	\$8.93	\$0.65		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.69											

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lake City Nursing & Rehab Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141699A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.6589	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.04	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.6065	1.5438	
				3.0%						1.6347	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$11,284,046.00	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(\$142,967)	\$1,520,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250
8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days								83,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	8.80 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.65	\$8.35	\$0.00	\$2.69	\$2.76	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.08	\$53.81	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6347								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.23	\$87.96	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Aktwd) x .75, up to max, or 0)	(see 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	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.70	\$93.33	\$0.00	\$17.53	\$18.20	\$0.00	\$35.85	\$3.03	\$8.80	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lake Crossing Heath Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00403939A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2839	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Nurse Hours per On-Site Day/Quality Incentive:		49.1%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.5448	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				3.05	3.0%					1.5746	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617.00	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmnts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days								33,694		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13.14	\$4.04	\$19.64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2839								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	10.01 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.73	\$8.12	\$0.00	\$2.76	\$3.44	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.85	\$52.31	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlthr = Ln 16	\$152.91	\$82.37	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.53	\$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$25.63	\$7.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.54	\$89.90	\$0.00	\$18.00	\$22.59	\$0.00	\$33.02	\$4.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.08									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lakeland Villa Convalescent Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141732A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1323	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		30.9%	2.5%	Quarterly Medicaid CMI:			1.1427	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.78	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.1601	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306.00	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392
8	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4.40	\$5.52	\$0.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00 (FRV)	\$0.20
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.70	\$12.57	\$0.00	\$5.35	\$3.61	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.77	\$80.99	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1601								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.74	\$93.96	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4.40	\$34.00	\$0.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.88	\$1.88								
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	\$22.64	\$4.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.38	\$98.72	\$0.00	\$34.50	\$23.68	\$0.00	\$37.88	\$4.40	\$34.00	\$0.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lee County 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: 00712665A				Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3504	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score			31.6%	2.5%	Quarterly Medicaid CMI:			1.7278	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:			3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7597	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201.33	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553	
8	Total Nursing Facility Days As Filed Days = 21,338 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	21,338							21,292			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3504									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.02	\$9.45	\$0.00	\$2.41	\$3.56	\$0.00	\$3.60	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.50	\$60.90	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7597									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.17									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.77	\$107.17	\$0.00	\$15.51	\$22.93	\$0.00	\$23.18	\$2.69	\$14.72	\$1.57	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.68	\$2.68									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.30	\$113.60	\$0.00	\$15.73	\$23.34	\$0.00	\$40.65	\$2.69	\$14.72	\$1.57	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.40										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Legacy Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141831A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3485	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.54	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.4874	1.5438	
					3.0%					1.5132	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496.00	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days	As Filed Days = 62,971										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,434										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56 (FRV)	\$3.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.05	\$9.40	\$0.00	\$2.58	\$3.52	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.05	\$60.58	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.14	\$91.67	\$0.00	\$16.65	\$22.67	\$0.00	\$22.86	\$3.77	\$9.56	\$3.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.81	\$97.24	\$0.00	\$16.87	\$23.08	\$0.00	\$40.33	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.28									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00415522A H/B ?: No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 48.2% Nurse Hours per On-Site Day/Quality Incentive: 4.39		Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2012 Quarterly Medicaid CMI: 1.4396 Qtrly Mcaid CMI w RUG Wght Options: 1.4657				Facility Specific: 1.2012 1.4396 1.4657	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 35,074		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								10,058		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	\$0.72
	<u>Allowed @ 95% of Std</u>		\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$191.86	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.49	\$37.45	\$0.72
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4657							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$117.86								
	Quarterly Medicaid CMA Allowed Per Diem		\$229.31	\$117.86		\$20.70	\$25.97		\$23.12	\$3.49	\$37.45	\$0.72
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Srvs)		\$6.48	\$6.48								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$4.71	\$4.71								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$28.30									
	Quarterly Case Mix Based Per Diem Rate		\$257.60	\$129.05		\$20.70	\$25.97		\$40.22	\$3.49	\$37.45	\$0.72
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$180.38										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Life Care Center of Gwinnett		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00370873A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:		1.4103	1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		51.1%	5.5%	Quarterly Medicaid CMI:		1.5462	1.5438	
						4.06	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.5731	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,665,058.00	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)		(\$61,690)	\$69,424
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days								43,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33 (FRV)	\$1.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.96	\$12.06	\$0.00	\$3.05	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.06	\$77.73	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5731								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.61	\$122.28	\$0.00	\$19.67	\$19.76	\$0.00	\$24.34	\$2.96	\$10.33	\$1.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.73	\$6.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67								
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	\$28.66	\$10.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.27	\$133.21	\$0.00	\$19.89	\$20.17	\$0.00	\$41.44	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Life Care Center of Lawrenceville		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00818914A		Growth Allowance: Qltry BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5316	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qltry BIMS score		23.1%	1.0%					1.2630	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.06	3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.2802	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559.00	\$4,408,813	\$0	\$809,583	\$359,692	\$476,855	\$1,418,629	\$99,060	\$722,927	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)		(\$97,284)	\$120,259
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0	\$809,583	\$370,532	\$491,226	\$1,362,033	\$99,060	\$625,643	\$120,259
8	Total Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days								30,867		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3.21	\$14.63	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$18.93	\$20.16		\$31.86	\$3.21	\$14.63	\$2.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3.21	17.72 (FRV)	\$2.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.23	\$12.37	\$0.00	\$3.38	\$3.70	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2802								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.76	\$102.03	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.61	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.88	\$106.64	\$0.00	\$21.79	\$24.27	\$0.00	\$41.44	\$3.21	\$17.72	\$2.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Life Care Center, Inc. Prvdr ID: 00140665A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.6% Nurse Hours per On-Site Day/Quality Incentive: 3.07 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3801 Quarterly Medicaid CMI: 1.3745 Qtrly Mcaid CMI w RUG Wght Options: 1.3978 </div> <div> Facility Specific State-wide 1.3801 1.3617 1.5438 1.5713 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,179,568.00	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)		(\$18,285)	\$65.699
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65.699
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,520 As Filed Days = 40,869	38,520									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	\$0.85	\$14.18	\$1.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3801								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	\$14.18	\$1.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$92.70	\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	13.21 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$14.13	\$6.40	\$0.00	\$2.11	\$2.88	\$0.00	\$2.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.83	\$41.26	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3978								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$57.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.24	\$57.67	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.58	\$0.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
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	\$20.94	\$2.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$144.18	\$60.51	\$0.00	\$13.82	\$18.98	\$0.00	\$35.10	\$0.85	\$13.21	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$95.31									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lillian G. Carter 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: 00142524A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3539				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.40		Qtrly BIMS score 52.1%	5.5%	Quarterly Medicaid CMI: 1.6288				1.5438		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6599				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,412,647.88	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$22,722)	\$0	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days	As Filed Days = 34,425										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,869										
		FY 18 GL-PL Ins Rpt Days								33,869		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3539								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8.55	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.57	\$9.03	\$0.00	\$2.38	\$3.26	\$0.00	\$2.90	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.42	\$58.20	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6599								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.83	\$96.61	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.31	\$5.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.84	\$8.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.67	\$105.35	\$0.00	\$15.56	\$21.40	\$0.00	\$36.17	\$2.83	\$8.55	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.18									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lumber City Nurs. & Rehab. Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00270256A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.7031	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		37.2%	2.5%	Quarterly Medicaid CMI:				1.7280	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		2.94	3.0%	Qtrlyr Mcaid CMI w RUG Wght Options:				1.7606	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757.00	\$2,002,334	\$0	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)		\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.32	\$7.27	\$0.00	\$2.73	\$3.03	\$0.00	\$3.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.88	\$46.83	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7606								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.50	\$82.45	\$0.00	\$17.61	\$19.55	\$0.00	\$21.20	\$1.30	\$8.75	\$0.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.16	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.66	\$87.51	\$0.00	\$17.83	\$19.96	\$0.00	\$38.67	\$1.30	\$8.75	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Lynn Haven 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: 00083036A				Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3693	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score	53.2%	5.5%	Quarterly Medicaid CMI:				1.5891	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6189	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,435,045.65	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,161							30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12.04 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.00	\$11.89	\$0.00	\$2.94	\$3.61	\$0.00	\$3.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.98	\$76.59	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6189								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.38	\$123.99	\$0.00	\$18.92	\$23.27	\$0.00	\$22.95	\$3.23	\$12.04	\$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>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.82	\$6.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$29.17	\$11.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.55	\$135.06	\$0.00	\$19.14	\$23.68	\$0.00	\$40.42	\$3.23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Madison Hlth & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083278A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI:				1.3682	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		53.9%	5.5%		Quarterly Medicaid CMI:				1.3855	1.5438
				3.70	3.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.4131	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321.00	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL Ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.20	\$0.00	\$18.81	\$26.62		\$14.32	\$3.46	\$0.18	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14.32	\$3.46	9.76 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$20.02	\$9.77	\$0.00	\$3.38	\$4.24	\$0.00	\$2.63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.87	\$62.97	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4131								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.88	\$88.98	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.89	\$4.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.56	\$8.09	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.44	\$97.07	\$0.00	\$21.79	\$27.33	\$0.00	\$34.42	\$3.46	\$9.76	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor Columbus 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		N/A	18.37%	Base Period Overall CMI: 1.5222			1.5222	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 18.9%		18.9%	0.0%	Quarterly Medicaid CMI: 1.7542			1.7542	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 4.20		4.20	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7886			1.7886	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,445,631.00	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.14	\$80.62	\$0.00	\$17.71	\$20.11	(with L&H)	\$23.22	\$3.34	\$13.70	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5222								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3.34	\$13.70	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.45	\$9.73	\$0.00	\$3.25	\$3.69	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.29	\$62.69	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7886								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.73	\$112.13	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$4.49								
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	\$22.75	\$5.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.48	\$117.15	\$0.00	\$21.18	\$24.21	\$0.00	\$41.44	\$3.34	\$9.72	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor Columbus 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	18.37%	Base Period Overall CMI:			1.3234	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		49.5%	5.5%	Quarterly Medicaid CMI:			1.5908	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.68	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6218	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109.00	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.32	\$69.37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3234								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.77	\$9.63	\$0.00	\$2.96	\$3.60	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.00	\$62.05	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$0.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6218								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.58	\$100.63	\$0.00	\$19.07	\$23.22	\$0.00	\$16.60	\$2.89	\$10.45	\$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)	\$1.53	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03								
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	\$28.19	\$10.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.77	\$110.72	\$0.00	\$19.29	\$23.63	\$0.00	\$34.07	\$2.89	\$10.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor Marion 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: 00141809A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2265	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		28.9%	1.0%	Quarterly Medicaid CMI:			1.5887	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		4.17	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6206	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,708,581.00	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$39,676	\$8,938
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8	Total Nursing Facility Days As Filed Days = 21,445 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	21,445							21,966		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16.08	\$2.49	\$4.58	\$0.42
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2265								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0.00	\$14.85	\$23.09		\$16.08	\$2.49	30.34 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.40	\$9.48	\$0.00	\$2.73	\$4.24	\$0.00	\$2.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.26	\$61.07	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6206								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.16	\$98.97	\$0.00	\$17.58	\$27.33	\$0.00	\$19.03	\$2.49	\$30.34	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.34	\$103.46	\$0.00	\$17.80	\$27.33	\$0.00	\$36.50	\$2.49	\$30.34	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor St. Simons		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141402A		Growth Allowance: N/A		52.1%	18.37%	Base Period Overall CMI: 1.2961				1.2961	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 5.5%		5.5%	5.5%	Quarterly Medicaid CMI: 1.6859				1.6859	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.50		4.50	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7197				1.7197	1.5713

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049.00	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	\$147,316
8	Total Nursing Facility Days	As Filed Days = 40,531										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,015										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	\$15.78	\$3.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22	\$3.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.37	\$10.88	\$0.00	\$2.91	\$2.94	\$0.00	\$3.64	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.80	\$70.13	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7197								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.27	\$120.60	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.63	\$6.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.88	\$10.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.15	\$131.38	\$0.00	\$18.97	\$19.34	\$0.00	\$40.94	\$2.67	\$9.22	\$3.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Magnolia Manor Methodist Nursing Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00040785A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3316				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.38		Qtrly BIMS score 45.2%	5.5%	Quarterly Medicaid CMI: 1.6965				1.5438		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7302				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,064,693.00	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days	As Filed Days = 69,699										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,134										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.80	\$73.74	\$0.00	\$14.24	\$18.42	(with L&H)	\$14.77	\$3.00	\$2.10	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,3316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	\$2.10	\$0.53
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lessor of Ln 12 or Ln 13	\$125.09	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	18.75	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.88	\$10.17	\$0.00	\$2.62	\$3.38	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.97	\$65.55	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,7302								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.83	\$113.41	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.24	\$6.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40								
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	\$11.17	\$10.17	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.00	\$123.58	\$0.00	\$17.08	\$22.21	\$0.00	\$17.85	\$3.00	\$18.75	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Manor Care Rehab Ctr of Marietta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID:	00236211A	Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.6382	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score	14.3%	0.0%	Quarterly Medicaid CMI:				1.1419	1.5438
					5.20	2.0%	Qltry Mcaid CMI w RUG Wght Options:				1.1591	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,342,490.00	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6382								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15.61		\$20.56	\$15.50	11.85 (FRV)	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.25	\$12.22	\$0.00	\$3.38	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.27	\$78.74	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1591								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.80	\$91.27	\$0.00	\$21.79	\$18.48	\$0.00	\$24.34	\$15.50	\$11.85	\$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83								
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	\$19.87	\$2.36	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.67	\$93.63	\$0.00	\$21.79	\$18.89	\$0.00	\$41.44	\$15.50	\$11.85	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Manor Care Rehab Ctr of Decatur		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00159266A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.6688	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Nurse Hours per On-Site Day/Quality Incentive:		24.0%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3655	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				4.23	1.0%					1.3862	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627.00	\$4,465,528	\$0	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)		\$54,437	\$69,914
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914
8	Total Nursing Facility Days	As Filed Days = 45,284										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,247										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6688								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15.64	\$1.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3.94	11.75 (FRV)	\$1.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.12	\$10.85	\$0.00	\$3.38	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.27	\$69.89	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3862								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.26	\$96.88	\$0.00	\$21.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.97	\$0.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.98	\$2.47	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.24	\$99.35	\$0.00	\$21.79	\$20.43	\$0.00	\$41.44	\$3.94	\$11.75	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.36									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		N/A	18.37%	Base Period Overall CMI:			1.2349	1.3617		
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qlry BIMS score: 38.8%		38.8%	2.5%	Quarterly Medicaid CMI:			1.6166	1.5438		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.22		4.22	3.0%	Qlry Mcaid CMI w RUG Wght Options:			1.6456	1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,943,033.00	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)		(\$38,939)	\$42,753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2349								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	14.08 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$22.30	\$11.33	\$0.00	\$3.38	\$3.81	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.60	\$73.00	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6456								
18	Qlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.73	\$120.13	\$0.00	\$21.79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.64	\$7.13	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.37	\$127.26	\$0.00	\$21.79	\$24.98	\$0.00	\$41.44	\$3.15	\$14.08	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.95									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: McRae Manor Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141853A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.1896				1.1896	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 34.2%		2.5%		Quarterly Medicaid CMI: 1.5059				1.5059	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive: 3.84		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5350				1.5350	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,454,848.00	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)		(\$32,426)	\$32,426
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	\$208,660	\$16,691	\$32,426
8	Total Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days								40,423		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$117.94	\$66.02	\$0.00	\$16.33	\$17.85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.59	\$10.20	\$0.00	\$3.00	\$3.28	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.54	\$65.70	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5350								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.69	\$100.85	\$0.00	\$19.33	\$21.13	\$0.00	\$13.61	\$5.16	\$8.90	\$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)	\$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	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.18	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.87	\$106.93	\$0.00	\$19.55	\$21.54	\$0.00	\$31.08	\$5.16	\$8.90	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.58									

Quarterly Case Mix Per Diem Calculation

FINAL

<div> <div> Provider: Meadow Park H&R Prvdr ID: 003167911A H/B ? : No </div> <div> Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A BIMS: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 4.03 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4407 Quarterly Medicaid CMI: 1.4634 Qtrly Mcaid CMI w RUG Wght Options: 1.5713 </div> <div> Facility Specific Use Stwd: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 71,803		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,195		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
	<u>Allowed @ 95% of Std</u>		\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58	\$6.74
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.26	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.74	\$30.58	\$6.74
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4634</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.67								
	Quarterly Medicaid CMA Allowed Per Diem		\$227.52	\$117.67		\$20.70	\$25.97		\$23.12	\$2.74	\$30.58	\$6.74
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.18	\$1.18								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.53	\$3.53								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.81									
	Quarterly Case Mix Based Per Diem Rate		\$249.33	\$122.38		\$20.70	\$25.97		\$40.22	\$2.74	\$30.58	\$6.74
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$174.17										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Meadowbrook 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: 00141864A			Growth Allowance: N/A		69.5%	18.37%	Base Period Overall CMI: 1.5049				1.5049	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		5.5%	5.5%	Quarterly Medicaid CMI: 1.9973				1.9973	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.41		3.41	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.0369				2.0369	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382.01	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days								42,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$154.25	\$70.83	\$0.00	\$14.01	\$18.48	(with L&H)	\$20.15	\$0.96	\$27.72	\$2.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5049								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.31	\$8.65	\$0.00	\$2.57	\$3.39	\$0.00	\$3.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$55.72	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.0369								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.93	\$113.50	\$0.00	\$16.58	\$21.87	\$0.00	\$23.85	\$0.96	\$14.07	\$2.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.24	\$6.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$28.22	\$10.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.15	\$123.68	\$0.00	\$16.80	\$22.28	\$0.00	\$41.26	\$0.96	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.04									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: Medical Management H & R Prvdr ID: 00141941A </div> <div> Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.3% 2.63 </div> <div> Facility Score N/A 30.3% 2.63 </div> <div> Add-on Percent 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4091 Quarterly Medicaid CMI: 1.4981 Qtrly Mcaid CMI w RUG Wght Options: 1.5256 </div> <div> Facility Specific 1.4091 1.4981 1.5256 </div> <div> State-wide 1.3699 1.5438 1.5713 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$14,060)	\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
8	Total Nursing Facility Days As Filed Days = 31,340 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days	31,340									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.11	\$6.18	\$0.00	\$1.97	\$2.47	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.35	\$39.81	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5256								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.27	\$60.73	\$0.00	\$12.71	\$15.93	\$0.00	\$16.02	\$0.59	\$7.60	\$1.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82								
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	\$21.97	\$3.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$137.24	\$64.60	\$0.00	\$12.93	\$16.34	\$0.00	\$33.49	\$0.59	\$7.60	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.11									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		N/A	18.37%	Base Period Overall CMI: 1.2378			1.2378	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 36.2%		36.2%	2.5%	Quarterly Medicaid CMI: 1.2369			1.2369	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.33		3.33	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2559			1.2559	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259.00	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$16,797)	\$0	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5.44	\$0.41
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2378</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwrth Allwnc %	\$23.20	\$11.11	\$0.00	\$5.35	\$3.75	\$0.00	\$2.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.66	\$71.61	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2559</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.98	\$89.93	\$0.00	\$34.50	\$24.16	\$0.00	\$19.26	\$0.25	\$8.47	\$0.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	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	\$22.46	\$4.58	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.44	\$94.51	\$0.00	\$34.50	\$24.57	\$0.00	\$36.73	\$0.25	\$8.47	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.76									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: MeSun Health and Rehabilitation Prvdr ID: 003245344A H/B ? : No				Add-on Data and Percentages Growth Allowance: N/A BIMS: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 0.00		Facility Score: N/A Add-on Percent: 18.37% 0.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.5713 Quarterly Medicaid CMI: 1.5438 Qtrly Mcaid CMI w RUG Wght Options: 1.5438				Facility Specific Use Stwd: 1.3617 1.5713 1.5438 1.5713	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$29.46	\$0.00
	Allowed @ 90% of Std		\$149.67	\$64.36		\$16.57	\$20.78		\$18.50		\$29.46	\$0.00
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40			
	CMA Allowed Per Diem (After Growth Allowance)		\$174.78	\$76.18		\$19.61	\$24.60		\$21.90	\$ 3.03	29.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5438							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.61								
	Quarterly Medicaid CMA Allowed Per Diem		\$216.21	\$117.61		\$19.61	\$24.60		\$21.90	\$3.03	\$29.46	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%		\$0.00	\$0.00								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$17.10									
	Quarterly Case Mix Based Per Diem Rate		\$233.31	\$117.61		\$19.61	\$24.60		\$39.00	\$3.03	\$29.46	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$162.16									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Miller Nursing Home Prvdr ID: 00141996A H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 57.6% Nurse Hours per On-Site Day/Quality Incentive: 5.40		Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.1800 Qtrly Mcaid CMI w RUG Wght Options: 2.2222				Facility Specific: 1.5198 2.1800 2.2222	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	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			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 38,601		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								18,105		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$29.15	\$23.09		\$20.56		\$21.44	\$0.29
<u>Allowed @ 95% of Std</u>			\$158.82	\$67.93		\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
Growth Allowance 18.4%			\$25.18	\$12.48		\$5.09	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.73	\$80.41		\$32.78	\$25.97		\$23.12	\$ 2.73	\$21.44	\$0.29
Quarterly Facility Case Mix Index for Medicaid Residents				2.2222							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$178.68								
Quarterly Medicaid CMA Allowed Per Diem			\$285.01	\$178.68		\$32.78	\$25.97		\$23.12	\$2.73	\$21.44	\$0.29
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 5.5% to Routine Srvs)			\$9.83	\$9.83								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%			\$7.15	\$7.15								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$34.08									
Quarterly Case Mix Based Per Diem Rate			\$319.08	\$195.66		\$32.78	\$25.97		\$40.22	\$2.73	\$21.44	\$0.29
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$226.49										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Miona Geriatric & Dementia Ctr				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: 00141578A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.1439				1.3617			
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score: 68.0%		5.5%		Quarterly Medicaid CMI: 1.7571				1.5438			
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.28		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7902				1.5713			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1						
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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														
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389.00	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25,858)	\$26,915			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915			
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days													
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1439											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44											
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.87			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A				
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	9.89 (FRV)	\$0.87			
	Quarterly Per Diem Rate Prior to Add-ons														
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.68	\$8.71	\$0.00	\$2.65	\$2.64	\$0.00	\$2.68	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.88	\$56.15	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7902											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.52											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.25	\$100.52	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87			
	Quarterly Per Diem Add-on Amounts														
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5.53											
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.18	\$9.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.43	\$109.60	\$0.00	\$17.29	\$17.42	\$0.00	\$34.73	\$1.63	\$9.89	\$0.87			
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.75												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Mitchell Convalescent Center		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142018A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.3464	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	35.5%	Quarterly Medicaid CMI:				1.3748	1.5438	
					4.59	Qtrly Mcaid CMI w RUG Wght Options:				1.3963	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579.00	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$406,209	\$8,340	\$95,244	\$5,435
8	Total Nursing Facility Days	As Filed Days = 17,211										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,233										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60	\$0.48	\$5.53	\$0.32
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3464								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.34	\$55.24	\$0.00	\$29.15	\$23.09		\$20.56	\$0.48	10.50	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.52	\$10.15	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.86	\$65.39	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3963								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.77	\$91.30	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
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	\$22.65	\$5.55	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.42	\$96.85	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.48	\$10.50	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Montezuma 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: 00142062A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2929	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score		57.7%	5.5%	Quarterly Medicaid CMI:			1.5765	1.5438
				Nurse Hours per On-Site Day/Quality Incentive:		3.59	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6027	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663.08	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,731)	\$35,731	\$0	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,011							29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.80	\$80.31	\$0.00	\$13.61	\$17.44	(with L&H)	\$19.06	\$3.28	\$23.85	\$1.25
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2929								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.61	\$11.41	\$0.00	\$2.50	\$3.20	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.79	\$73.53	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$1.25
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6027								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.11	\$117.85	\$0.00	\$16.11	\$20.64	\$0.00	\$22.56	\$3.28	\$9.42	\$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)	\$1.53	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.48	\$6.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
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	\$27.47	\$9.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.58	\$127.22	\$0.00	\$16.33	\$21.05	\$0.00	\$40.03	\$3.28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Mountain View 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: 00143184A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4052	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		32.4%	2.5%	Quarterly Medicaid CMI:				1.4632	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.27	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4888	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222.00	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$18,695)	\$16,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,671
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4052								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.85	\$7.59	\$0.00	\$2.30	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.73	\$48.91	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4888								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.64	\$72.82	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$1.82	\$1.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46								
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	\$21.91	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$156.55	\$76.63	\$0.00	\$15.06	\$20.58	\$0.00	\$35.72	\$0.59	\$7.51	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104.59									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Muscogee Manor & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083223A		Growth Allowance: N/A		43.0%	18.37%	Base Period Overall CMI:				1.2862	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 43.0%		2.5%		Quarterly Medicaid CMI:				1.5280	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 5.71		3.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.5552	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213.00	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0.00	\$32.76	\$28.28	(with L&H)	\$48.99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.03	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5552								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.03	\$131.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.32
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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.29	\$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.34	\$7.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.37	\$138.89	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Nancy Hart Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141336A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2652	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		23.5%	1.0%	Quarterly Medicaid CMI:				1.6942	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.13	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7274	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272.00	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days									18,642	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2652								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOIhrs = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.11	\$8.07	\$0.00	\$2.71	\$3.03	\$0.00	\$3.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$51.99	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7274								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIhrs = Ln 16	\$159.59	\$89.81	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwdf) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.81	\$93.93	\$0.00	\$17.67	\$19.93	\$0.00	\$38.76	\$3.09	\$7.14	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: New Horizons Limestone		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142007A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2251				1.2251	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.27		Qtrly BIMS score: 16.9%	0.0%	Quarterly Medicaid CMI: 1.1706				1.1706	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1872				1.1872	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195.00	\$4,765,490	\$0	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$15,554)	\$5,530
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,530
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days								41,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$190.22	\$107.16	\$0.00	\$20.41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10.38	\$0.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20.41	\$23.09		\$20.56	\$1.50	12.54 (FRV)	\$0.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.91	\$13.14	\$0.00	\$3.75	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.64	\$84.65	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1872								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.49	\$100.50	\$0.00	\$24.16	\$27.33	\$0.00	\$24.34	\$1.50	\$12.54	\$0.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.33	\$2.01	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.82	\$102.51	\$0.00	\$24.38	\$27.33	\$0.00	\$41.44	\$1.50	\$12.54	\$0.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: New Horizons Lanier Park				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141072A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.2324	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.71		2.5%	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3460	1.5438
											1.3661	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558.00	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grvth Allwnc %	\$25.02	\$13.14	\$0.00	\$3.91	\$4.19	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.47	\$84.65	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3661								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.46	\$115.64	\$0.00	\$25.19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2.31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.73	\$5.20	\$0.00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.19	\$120.84	\$0.00	\$25.41	\$27.21	\$0.00	\$41.44	\$1.44	\$20.76	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider:	Newnan Hosp. Health & Rehab Ctr											
Prvdr ID:	00040719A											
	Case Mix Per Diem Rate Effective Date:	1/1/2021										
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: National Health Care of Rossville		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00083146A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3032		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 29.3%		1.0%		Quarterly Medicaid CMI: 1.4026		1.5438				
		Nurse Hours per On-Site Day/Quality Incentive: 3.29		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4276		1.5713				
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305.00	\$2,938,284	\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)		(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21.98	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15.21	\$16.04		\$20.74	\$4.60	\$21.98	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04		\$20.56	\$4.60	9.27 (FRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.07	\$11.55	\$0.00	\$2.79	\$2.95	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.62	\$74.41	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4276								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.44	\$106.23	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
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	\$22.51	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.95	\$111.01	\$0.00	\$18.22	\$19.40	\$0.00	\$41.44	\$4.60	\$9.27	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.89									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: NHC of Fort Oglethorpe		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00344759A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.4032	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	31.7%	2.5%	Quarterly Medicaid CMI:				1.2806	1.5438
					2.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3012	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191.00	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07)
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18.39		\$20.56	\$4.57	11.91 (FRV)	(\$0.07)
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.48	\$10.29	\$0.00	\$3.03	\$3.38	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.33	\$66.31	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07)
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3012								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.30	\$86.28	\$0.00	\$19.50	\$21.77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07)
	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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.31	\$91.56	\$0.00	\$19.72	\$22.18	\$0.00	\$41.44	\$4.57	\$11.91	(\$0.07)
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Northeast Atlanta H & R Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00426214A		Case Mix Per Diem Rate Effective Date: 1/1/2021	Growth Allowance: Qltry BIMS score	N/A	18.37%	Base Period Overall CMI:				1.4802	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.36	40.5%	2.5%	Quarterly Medicaid CMI:				1.8139	1.5438		
			3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.8485	1.5713			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012.00	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8	Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.92	\$84.43	\$0.00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48		\$29.94	\$8.98	\$28.68	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48		\$20.56	\$8.98	11.93 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.82	\$10.48	\$0.00	\$3.17	\$3.39	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.22	\$67.52	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8485								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$214.51	\$124.81	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.63	\$132.20	\$0.00	\$20.64	\$22.28	\$0.00	\$41.44	\$8.98	\$11.93	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.90									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Northridge Hlth & Rehab Ctr			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00059331A			Growth Allowance: N/A		32.1%	18.37%	Base Period Overall CMI: 1.3456				1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		32.1%	2.5%	Quarterly Medicaid CMI: 1.5457				1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.90		3.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5707				1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088.00	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	\$0
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days								56,103		
9	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88								
12	Net Per Diems after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.72	\$11.73	\$0.00	\$3.16	\$3.63	\$0.00	\$3.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.06	\$75.61	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5707								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.21	\$118.76	\$0.00	\$20.36	\$23.41	\$0.00	\$20.63	\$3.04	\$10.01	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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 Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.37	\$125.82	\$0.00	\$20.58	\$23.82	\$0.00	\$38.10	\$3.04	\$10.01	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.20									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Nursecare of Buckhead Prvdr ID: 00142183A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 3.25 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3783 Quarterly Medicaid CMI: 1.7088 Qtrly Mcaid CMI w RUG Wght Options: 1.7400 </div> <div> Facility Specific 1.3783 1.7088 1.7400 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days								76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3783								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.30	\$9.68	\$0.00	\$2.81	\$3.50	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$62.37	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7400								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.40	\$108.52	\$0.00	\$18.08	\$22.58	\$0.00	\$27.77	\$3.64	\$9.58	\$3.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$23.14	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.54	\$113.93	\$0.00	\$18.30	\$22.99	\$0.00	\$44.87	\$3.64	\$9.58	\$3.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Oak View Home - Waverly Hall			<u>Add-on Data and Percentages</u>		<u>Facility 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		N/A	18.37%	Base Period Overall CMI: 1.2630				1.2630	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 38.0%		38.0%	2.5%	Quarterly Medicaid CMI: 1.1941				1.1941	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.65		2.65	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2105				1.2105	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,446.86	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.56	\$74.58	\$0.00	\$14.24	\$16.68	(with L&H)	\$15.86	\$2.68	\$4.04	\$0.48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2630								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	\$4.04	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$19.44	\$10.85	\$0.00	\$2.62	\$3.06	\$0.00	\$2.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.72	\$69.90	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2105								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.43	\$84.61	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.29	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.72	\$89.80	\$0.00	\$17.08	\$20.15	\$0.00	\$36.24	\$2.68	\$8.29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.22									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Oakview Health & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142238A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2538	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		4.82	33.3%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.4659	1.5438
					4.82	3.0%					1.4904	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862.07	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstlmts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14.93	\$19.87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2538								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.91	\$11.15	\$0.00	\$2.74	\$3.65	\$0.00	\$3.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.46	\$71.82	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4904								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.68	\$107.04	\$0.00	\$17.67	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.52	\$6.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.20	\$113.46	\$0.00	\$17.89	\$23.93	\$0.00	\$39.16	\$2.74	\$15.58	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.08									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Oceanside Health & Rehab - Tybee			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Pvdr ID: 003188970A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			Use Stwd	1.3617	
H/B ?: No			BIMS:		26.6%	1.0%	Quarterly Medicaid CMI:			1.5913	1.5438	
Case Mix Per Diem Rate Effective Date: 01/01/21			Nurse Hours per On-Site Day/Quality Incentive:		3.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6208	1.5713	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 60,278		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,444		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
	Allowed @ 95% of Std		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$169.47	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.81	\$16.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6208							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$130.33								
	Quarterly Medicaid CMA Allowed Per Diem		\$219.39	\$130.33		\$20.70	\$25.97		\$23.12	\$2.81	\$16.46	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.30	\$1.30								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.91	\$3.91								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.31									
	Quarterly Case Mix Based Per Diem Rate		\$241.70	\$135.54		\$20.70	\$25.97		\$40.22	\$2.81	\$16.46	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider:	Oconee Health & Rehab											
Prvdr ID:	00142293A											
		Case Mix Per Diem Rate Effective Date:	1/1/2021									
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/20									
				Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%						

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Oconee Regional SNF				Facility	Add-on					Facility	State-	
Prvdr ID: 00947658A				Score	Percent					Specific	wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				2.1590	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score		0.0%	0.0%	Quarterly Medicaid CMI:				1.5438	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive:		6.80	0.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5713	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723.00	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$26,025)	\$0	\$0	\$0	\$0	\$0	(\$26,025)		(\$3,258)	\$3,258
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,247,306	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days								2,003		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.93	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$10.04	21.61 (FRV)	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.44	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5713								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.80	\$133.01	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.90	\$133.01	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$10.04	\$21.61	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Orchard Health and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142656A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 0.9752				0.9752	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 53.2%		5.5%	Quarterly Medicaid CMI: 1.3755				1.3755	1.5438		
		Nurse Hours per On-Site Day/Quality Incentive: 3.36		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4004				1.4004	1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,470,206.84	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0	\$410,260	\$203,048	\$216,850	\$467,781	\$100,590	\$129,412	\$13,502
8	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gnrth Allwnc %	\$20.09	\$12.02	\$0.00	\$2.55	\$2.61	\$0.00	\$2.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.80	\$77.46	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4004								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.81	\$108.47	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.97	\$5.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.85	\$9.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.66	\$118.22	\$0.00	\$16.65	\$17.23	\$0.00	\$36.21	\$3.40	\$7.49	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.92									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 55.0% Nurse Hours per On-Site Day/Quality Incentive: 4.89		Facility Score N/A 55.0% 4.89	Add-on Percent 18.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2690 Quarterly Medicaid CMI: 1.2801 Qtrly Mcaid CMI w RUG Wght Options: 1.3018			Facility Specific 1.2690 1.2801 1.3018	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 162,156		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,190		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
	<u>Allowed @ 95% of Std</u>		\$164.90	\$67.93		\$17.49	\$21.94		\$19.53		\$38.01	\$0.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.70	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.49	\$38.01	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3018							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$104.68								
	Quarterly Medicaid CMA Allowed Per Diem		\$214.97	\$104.68		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% o Routine Svcs)		\$5.76	\$5.76								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.14	\$3.14								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$8.90									
	Quarterly Case Mix Based Per Diem Rate		\$223.86	\$113.57		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.90										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Oxley Park 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: 00143316A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.3255	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			16.2%	0.0%	Quarterly Medicaid CMI:			1.4690	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:			2.95	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4950	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,015.63	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	42,231							36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3255								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	\$17.12	\$0.90
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58.35	\$0.00	\$14.23	\$15.81		\$19.66	\$2.73	16.60 (FRV)	\$0.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.84	\$10.72	\$0.00	\$2.61	\$2.90	\$0.00	\$3.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$69.07	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4950								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.31	\$103.26	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <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	\$4.13	\$4.13								
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	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.07	\$107.92	\$0.00	\$17.06	\$19.12	\$0.00	\$40.74	\$2.73	\$16.60	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.98									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Palemon Gaskins Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142326A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2317				1.2317	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 41.2%		41.2%	2.5%	Quarterly Medicaid CMI: 0.9808				0.9808	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.52		4.52	3.0%	Qtrlyr Mcaid CMI w RUG Wght Options: 0.9934				0.9934	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,880.96	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-PL Ins Rpt Days								10,104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2317								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7.15	\$0.11
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.74	\$12.47	\$0.00	\$5.35	\$4.24	\$0.00	\$3.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.78	\$80.34	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9934								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.25	\$79.81	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11.85	\$0.11
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
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	\$22.39	\$4.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.64	\$84.73	\$0.00	\$34.50	\$27.33	\$0.00	\$41.18	\$3.94	\$11.85	\$0.11
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Park Place Nursing Facility				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00002164A				N/A	18.37%	Base Period Overall CMI:				1.2699	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score	2.5%	Quarterly Medicaid CMI:				1.4418	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:	4.69	3.0%	Qtrly Mcdid CMI w RUG Wght Options:				1.4676	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,751,354.00	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	\$3.12	\$1.36
13	Per Diem Standards (After Stalewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Althnc %	\$18.18	\$10.67	\$0.00	\$2.77	\$2.81	\$0.00	\$1.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.43	\$68.74	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4676								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.57	\$100.88	\$0.00	\$17.87	\$18.10	\$0.00	\$12.41	\$5.92	\$14.03	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see 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	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.18	\$6.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.75	\$106.96	\$0.00	\$18.09	\$18.51	\$0.00	\$29.88	\$5.92	\$14.03	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Parkside Ellijay		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141127A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3029				1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.09		Qtrly BIMS score: 43.8%		2.5%		Quarterly Medicaid CMI: 1.8016				1.5438
				3.0%		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.8370				1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$6,106,944.00	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days									29,355	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$2.12	9.60 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.19	\$9.89	\$0.00	\$4.28	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.15	\$63.72	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8370								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.48	\$117.05	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([(Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.29	\$6.97	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.77	\$124.02	\$0.00	\$27.81	\$27.33	\$0.00	\$41.44	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Parkside Post Acute Care and Rehab Prvdr ID: 00169199A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3690	1.3617	
			Nurse Hours per On-Site Day/Quality Incentive:		46.9%	5.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.5980	1.5438	
					3.64	3.0%				1.6249	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,561,164.00	\$4,548,816	\$0	\$1,020,738	\$613,465	\$507,283	\$2,025,599	\$20,313	\$824,950	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.96	\$79.89	\$0.00	\$17.94	\$19.78	(with L&H)	\$30.42	\$0.37	\$12.61	\$1.95
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3690</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.43	\$10.72	\$0.00	\$3.30	\$3.63	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.48	\$69.08	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6249</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.65	\$112.25	\$0.00	\$21.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwtd) 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.17	\$6.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	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	\$27.80	\$10.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.45	\$122.32	\$0.00	\$21.46	\$23.82	\$0.00	\$41.44	\$0.37	\$10.09	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.26									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Pelham Parkway Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142425A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4543				1.4543	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.04		Qtrly BIMS score 32.4%	2.5%	Quarterly Medicaid CMI: 1.0908				1.0908	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1051				1.1051	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260.00	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8	Total Nursing Facility Days As Filed Days = 38,915	FY12 Audited C/R Days	38,915									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days								37,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.00	\$68.94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.36	\$47.41	\$0.00	\$25.96	\$23.09		\$20.56	\$0.53	11.42 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.50	\$8.71	\$0.00	\$4.77	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.86	\$56.12	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1051								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.76	\$62.02	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.24	\$1.24								
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	\$20.64	\$3.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.40	\$65.34	\$0.00	\$30.95	\$27.33	\$0.00	\$41.44	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.23									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: Pine Knoll Nursing and Rehab Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142458A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4918	1,4014
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		31.1%	2.5%	Quarterly Medicaid CMI:			1.7832	1,5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.8171	1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28.86	\$0.28	\$16.65	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.59	\$58.26	\$0.00	\$13.95	\$13.69		\$24.02	\$0.28	7.82 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.18	\$10.70	\$0.00	\$2.56	\$2.51	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.77	\$68.96	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8171								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.12	\$125.31	\$0.00	\$16.51	\$16.20	\$0.00	\$28.43	\$0.28	\$7.82	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.13	\$3.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.15	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.27	\$132.73	\$0.00	\$16.73	\$16.61	\$0.00	\$45.53	\$0.28	\$7.82	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.38									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Pinehill Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083135A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.0657	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 51.5%	5.5%	Quarterly Medicaid CMI:				1.6489	1.5438	
				2.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6814	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258.00	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjustmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjustmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	8.82 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwth Allwnc %	\$20.78	\$11.83	\$0.00	\$2.61	\$3.43	\$0.00	\$2.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.11	\$76.22	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6814								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.05	\$128.16	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.05	\$7.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (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	\$28.24	\$10.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.29	\$138.30	\$0.00	\$17.03	\$22.53	\$0.00	\$36.23	\$1.41	\$8.82	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

<div> <div> Provider: Pinewood Nursing Ctr Prvdr ID: 00142205A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.3% Nurse Hours per On-Site Day/Quality Incentive: 1.91 </div> <div> Add-on Percent: 18.37% 2.5% 1.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1,1182 Quarterly Medicaid CMI: 1,4535 Qtrly Mcaid CMI w RUG Wght Options: 1,4810 </div> <div> Facility Specific: 1,1182 1,4535 1,4810 </div> <div> State-wide: 1,3699 1,5438 1,5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25.05	\$0.28	\$20.99	\$1.40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,1182								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25.05	\$0.28	\$20.99	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.96	\$56.44	\$0.00	\$17.51	\$19.52		\$23.46	\$0.28	7.35 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.49	\$10.37	\$0.00	\$3.22	\$3.59	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.45	\$66.81	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,4810								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.59	\$98.95	\$0.00	\$20.73	\$23.11	\$0.00	\$27.77	\$0.28	\$7.35	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.99	\$0.99								
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	\$21.72	\$3.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.31	\$102.94	\$0.00	\$20.95	\$23.52	\$0.00	\$44.87	\$0.28	\$7.35	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Pinewood Manor Nursing Home Prvdr ID: 00142513A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.0% Nurse Hours per On-Site Day/Quality Incentive: 3.77 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3181 Quarterly Medicaid CMI: 1.3684 Qtrly Mcaid CMI w RUG Wght Options: 1.3887 1.5713 </div> <div> Facility Specific State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,932.00	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	\$23,274
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,486 As Filed Days = 34,000	35,486 FY 18 GL-PL Ins Rpt Days							34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3181								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91 (FRV)	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.89	\$6.72	\$0.00	\$2.74	\$2.31	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.26	\$43.31	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3887								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.09	\$60.14	\$0.00	\$17.66	\$14.89	\$0.00	\$13.67	\$1.16	\$7.91	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.93	\$3.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$138.02	\$63.97	\$0.00	\$17.88	\$15.30	\$0.00	\$31.14	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.69									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Pleasant View Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142546A			Growth Allowance: N/A		36.3%	2.5%	Base Period Overall CMI: 1.1323				1.3617	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 36.3%		2.5%	1.0%	Quarterly Medicaid CMI: 1.2363				1.5438	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.45		1.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.2557				1.5713	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,026,915.00	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)		\$5,825	\$28,032
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,032
8	Total Nursing Facility Days	As Filed Days = 42,132	42,132									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,362										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$14.33	\$7.30	\$0.00	\$1.97	\$2.33	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.24	\$47.04	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2557								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$59.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$113.27	\$59.07	\$0.00	\$12.69	\$14.99	\$0.00	\$17.58	\$0.64	\$7.63	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$0.59	\$0.59								
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	\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$133.97	\$61.67	\$0.00	\$12.91	\$15.40	\$0.00	\$35.05	\$0.64	\$7.63	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$87.65									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Porter Field H & R Ctr, 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: 00222582A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qlry BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.3070	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		47.8%	5.5%	Qlry Mcaid CMI w RUG Wght Options:				1.6936	1.5438	
				2.96	2.0%					1.7261	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932.00	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$395,839	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days								27,351		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	\$2.13	\$12.94	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3070								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.05	\$8.67	\$0.00	\$2.16	\$3.26	\$0.00	\$2.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.57	\$55.86	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7261								
18	Qlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.13	\$96.42	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	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	\$25.86	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.99	\$104.18	\$0.00	\$14.14	\$21.43	\$0.00	\$36.52	\$2.13	\$8.21	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Powder Springs Center For Nursing & Healing			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00530824A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3795			1.3795	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score: 28.2%		28.2%	1.0%	Quarterly Medicaid CMI: 1.5983			1.5983	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.53		3.53	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6246			1.6246	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234.00	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	\$1,010,156	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262
8	Total Nursing Facility Days	As Filed Days = 70,979										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 66,423										
		FY12 Audited C/R Days	70,979									
		FY 18 GL-PL Ins Rpt Days								66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.46	\$74.31	\$0.00	\$14.23	\$16.78	(with L&H)	\$19.06	\$4.03	\$26.29	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3795								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	\$26.29	\$1.76
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.09	\$9.90	\$0.00	\$2.61	\$3.08	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.95	\$63.77	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6246								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.78	\$103.60	\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.07	\$2.07								
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	\$21.74	\$3.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.52	\$107.24	\$0.00	\$17.06	\$20.27	\$0.00	\$40.03	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Premier Estate of Dublin Prvdr ID: 00141281A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.1528	1.3617
			Nurse Hours per On-Site Day/Quality Incentive:		3.08	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5172	1.5438
											1.5432	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620.00	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days								35,818		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.66	\$66.56	\$0.00	\$16.77	\$14.93	(with L&F)	\$15.03	\$1.60	\$11.24	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1528								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	7.85 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$10.61	\$0.00	\$3.08	\$2.74	\$0.00	\$2.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.64	\$68.35	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5432								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.77	\$105.48	\$0.00	\$19.85	\$17.67	\$0.00	\$17.79	\$1.60	\$7.85	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.11	\$2.11								
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	\$21.79	\$3.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.56	\$109.17	\$0.00	\$20.07	\$18.08	\$0.00	\$35.26	\$1.60	\$7.85	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Presbyterian Home, Quitman, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142579A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1395	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		50.7%	5.5%	Quarterly Medicaid CMI:			1.3841	1.5438
				Nurse Hours per On-Site Day/Quality Incentive:		3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4069	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$10,337,985.00	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)		(\$82,762)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
8	Total Nursing Facility Days As Filed Days = 65,959	FY12 Audited C/R Days	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days								64,824		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.61	\$74.15	\$0.00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0.82	\$14.14	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.34	\$11.95	\$0.00	\$3.38	\$4.23	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4069								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.28	\$108.36	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
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	\$9.78	\$9.74	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.06	\$118.10	\$0.00	\$21.79	\$27.30	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Presbyterian Village, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00362832A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:			1.2644	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 6.02		Qltry BIMS score: 35.7%		35.7%	2.5%	Quarterly Medicaid CMI:			1.7103	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 6.02		6.02	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.7422	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766.00	\$3,497,168	\$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$87,647)	(\$14,696)	\$0	\$0	\$0	\$4,740	(\$77,691)		(\$26,496)	\$26,496
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0	\$656,133	\$463,367	\$505,940	\$1,265,183	\$37,499	\$524,029	\$26,496
8	Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days									35,475	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.2644								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33.74	\$1.06	\$13.97	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$71.51	\$0.00	\$17.50	\$23.09		\$20.56	\$1.06	18.26 (FRV)	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.37	\$13.14	\$0.00	\$3.21	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7422								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.89	\$147.48	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.33	\$8.11	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$248.22	\$155.59	\$0.00	\$20.93	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.17									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Providence Healthcare of Sparta				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142623A				Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.2494	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score: 46.8%	5.5%	Quarterly Medicaid CMI:				1.6520	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 2.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6824	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770.00	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days								20,565		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21.40	(with L&H)	\$21.40	\$1.96	\$13.58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.82	\$0.00	\$16.09	\$21.40		\$21.40	\$1.96	\$13.58	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40		\$20.56	\$1.96	8.72 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.58	\$11.91	\$0.00	\$2.96	\$3.93	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.25	\$76.73	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6824								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.61	\$129.09	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.23	\$11.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.84	\$140.59	\$0.00	\$19.27	\$25.74	\$0.00	\$41.44	\$1.96	\$8.72	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Providence Healthcare of Thomaston Prvdr ID: 00142612A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 53.0% Nurse Hours per On-Site Day/Quality Incentive: 2.80		N/A	18.37% 5.5% 3.0%	Base Period Overall CMI: 1.2794 Quarterly Medicaid CMI: 1.4420 Qtrly Mcaid CMI w RUG Wght Options: 1.4681				1.2794 1.4420 1.4681	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,305,895.00	\$2,258,087	\$0	\$486,083	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
8	Total Nursing Facility Days As Filed Days = 36,622 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	36,622									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2794								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	\$0.95	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54 (FRV)	\$0.59
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Altkwn %	\$17.19	\$8.83	\$0.00	\$2.40	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.27	\$56.92	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4681								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.91	\$83.56	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.60	\$4.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.51	\$2.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.65	\$91.20	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	\$0.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.66									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Ashburn, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140104A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3806			1.3806	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.21		Qtrly BIMS score: 30.2%		30.2%	2.5%	Quarterly Medicaid CMI: 1.6768			1.6768	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.21		3.21	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7095			1.7095	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964.00	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0.00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7.95	\$7.54	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3806								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	8.92	\$1.02
(FRV)												
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.31	\$10.21	\$0.00	\$2.42	\$3.50	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.33	\$65.81	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7095								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.02	\$112.50	\$0.00	\$15.57	\$22.57	\$0.00	\$20.49	\$7.95	\$8.92	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$24.82	\$6.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.84	\$119.22	\$0.00	\$15.79	\$22.98	\$0.00	\$37.96	\$7.95	\$8.92	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.56									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Athens Heritage, 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: 00141391A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.6031	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		25.0%	1.0%	Quarterly Medicaid CMI:				1.6026	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.40	5.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6309	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388.00	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111	
8	Total Nursing Facility Days As Filed Days = 33,807 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,807							33,536			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.6031									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	17.19 (FRV)	\$3.40	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.93	\$10.99	\$0.00	\$2.92	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6309									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.06	\$115.50	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$7.47	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$238.85	\$122.97	\$0.00	\$19.06	\$27.33	\$0.00	\$41.44	\$7.46	\$17.19	\$3.40	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.31										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4445			1.4445	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.95		Qtrly BIMS score: 16.4%		16.4%	0.0%	Quarterly Medicaid CMI: 1.5913			1.5913	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 2.95		2.95	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6201			1.6201	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847.00	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240,597	\$370,881	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Nursing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33,329									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days								29,845		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9.49	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4445								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.06	\$11.44	\$0.00	\$2.77	\$3.27	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$73.73	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6201								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.26	\$119.45	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$22.21	\$4.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.47	\$123.56	\$0.00	\$18.07	\$21.48	\$0.00	\$40.56	\$8.06	\$9.36	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth Augusta Hills				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00245055A				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4845			1.4845	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qltry BIMS score: 39.7%		39.7%	2.5%	Quarterly Medicaid CMI: 1.4924			1.4924	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.00		3.00	3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.5189			1.5189	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759.00	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)		(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4845								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.65	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	9.04 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.96	\$11.03	\$0.00	\$2.99	\$3.71	\$0.00	\$3.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.61	\$71.05	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5189								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.48	\$107.92	\$0.00	\$19.27	\$23.90	\$0.00	\$20.79	\$9.96	\$9.04	\$1.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.05	\$114.39	\$0.00	\$19.49	\$24.31	\$0.00	\$38.26	\$9.96	\$9.04	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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	18.37%	Base Period Overall CMI:			1.5684	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		28.3%	1.0%	Quarterly Medicaid CMI:			1.6377	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.08	6.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6687	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257.00	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8	Total Nursing Facility Days As Filed Days = 41,411 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	41,411							41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16.99	\$23.57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5684								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16.99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20.56	\$7.22	15.01 (FRV)	\$2.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.58	\$10.44	\$0.00	\$3.12	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.59	\$67.25	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$2.33
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6687								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.56	\$112.22	\$0.00	\$20.11	\$27.33	\$0.00	\$24.34	\$7.22	\$15.01	\$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)	\$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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$6.73	\$6.73								
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	\$25.70	\$8.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.26	\$120.60	\$0.00	\$20.33	\$27.33	\$0.00	\$41.44	\$7.22	\$15.01	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.87									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Blue Ridge, LLC				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140973A				Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5336	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:	31.3%	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.5277	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					3.69	3.0%					1.5552	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,508,415.00	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	\$41,540
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days								34,945		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$152.29	\$85.22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1.18
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5336								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.79	\$55.57	\$0.00	\$14.73	\$20.83		\$20.56	\$6.95	7.97 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$10.21	\$0.00	\$2.71	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$65.78	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5552								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.84	\$102.30	\$0.00	\$17.44	\$24.66	\$0.00	\$24.34	\$6.95	\$7.97	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$23.89	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.73	\$108.46	\$0.00	\$17.66	\$25.07	\$0.00	\$41.44	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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	18.37%	Base Period Overall CMI:			1.6566	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			24.4%	1.0%	Quarterly Medicaid CMI:			1.7234	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:			3.38	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7550	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$10,389,770.00	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799,912	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)		(\$127,055)	\$120,089
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711	\$1,250,643	\$377,738	\$672,857	\$120,089
8	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.11	\$113.14	\$0.00	\$18.06	\$20.81	(with L&H)	\$24.47	\$7.11	\$13.17	\$2.35
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.6566								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18.06	\$20.81		\$24.47	\$7.11	\$13.17	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$23.47	\$12.55	\$0.00	\$3.32	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.42	\$80.85	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7550								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.46	\$141.89	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.68	\$5.68								
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	\$25.36	\$7.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.82	\$149.52	\$0.00	\$21.60	\$25.04	\$0.00	\$41.44	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.29									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Pruitt Covington Prvdr ID: 00265196A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.0% Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3923 Quarterly Medicaid CMI: 1.5900 Qtrly Mcaid CMI w RUG Wght Options: 1.6183 </div> <div> Facility Specific State-wide 1.3923 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & 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												
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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmis	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13.40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3923								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.10	\$0.00	\$17.62	\$23.60		\$21.93	\$7.06	\$13.40	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.45	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.58 (FRV)	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.64	\$11.04	\$0.00	\$3.24	\$4.33	\$0.00	\$4.03	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.09	\$71.14	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.58	\$1.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6183								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.08	\$115.13	\$0.00	\$20.86	\$27.88	\$0.00	\$25.96	\$7.06	\$10.58	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max. or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng 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	\$22.82	\$5.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.90	\$120.26	\$0.00	\$21.08	\$27.88	\$0.00	\$43.43	\$7.06	\$10.58	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 * Ln 23) * 0.75	\$161.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Crestwood		<u>Add-on Data and Percentages</u>		<u>Facility 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5323				1.5323	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.55		Qltry BIMS score 48.2%	5.5%	Quarterly Medicaid CMI: 1.6913				1.6913	1.5438	
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.7251				1.7251	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947.00	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qltrs of FY12		<u>1.5323</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.60	\$10.57	\$0.00	\$2.54	\$3.15	\$0.00	\$3.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.15	\$68.11	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7251</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.54	\$117.50	\$0.00	\$16.35	\$20.32	\$0.00	\$21.50	\$7.51	\$8.44	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.46	\$6.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.62	\$10.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.16	\$128.02	\$0.00	\$16.57	\$20.73	\$0.00	\$38.97	\$7.51	\$8.44	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.05									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Decatur Prvdr ID: 00252942A				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021				Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.4114				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score 32.6%		2.5%	Quarterly Medicaid CMI: 1.5297				1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.42		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5551				1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,512,345.00	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	49,032							49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4114								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.76	\$12.70	\$0.00	\$2.57	\$3.78	\$0.00	\$3.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.86	\$81.83	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5551								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.28	\$127.25	\$0.00	\$16.57	\$24.34	\$0.00	\$23.88	\$7.11	\$15.57	\$1.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	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	\$24.28	\$6.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.56	\$133.51	\$0.00	\$16.79	\$24.75	\$0.00	\$41.27	\$7.11	\$15.57	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.60									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data**

FINAL

<div> <div> Provider: PruittHealth- Eastside Prvdr ID: 00140687A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 24.7% Nurse Hours per On-Site Day/Quality Incentive: 3.16 </div> <div> Add-on Percent: 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4014 Quarterly Medicaid CMI: 1.3555 Qtrly Mcaid CMI w RUG Wght Options: 1.3790 </div> <div> Facility Specific Use Stwde: 1.4014 1.3555 1.5713 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$269,785)	\$0	\$0	\$0	\$0	\$0	(\$269,785)		(\$16,881)	\$16,881
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,881
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-PL Ins Rpt Days								26,369		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3.94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4014								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.45	\$65.58	\$0.00	\$16.58	\$23.55		\$24.02	\$8.21	11.29 (FRV)	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Altwnc %	\$23.84	\$12.05	\$0.00	\$3.05	\$4.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.29	\$77.63	\$0.00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3790								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.71	\$107.05	\$0.00	\$19.63	\$27.88	\$0.00	\$28.43	\$8.21	\$11.29	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sftng Add-on	\$2.14	\$2.14								
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	\$21.06	\$3.74	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.77	\$110.79	\$0.00	\$19.85	\$27.88	\$0.00	\$45.53	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.75									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Fairburn, 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: 00142997A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4922	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		18.2%	0.0%	Quarterly Medicaid CMI:				1.5846	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.32	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6121	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
Peer Group Standards & Efficiency Measure Limits													
2	<i>Peer Group Standards: Percentile</i>	rate		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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987.00	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$80,289)	\$70,451	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451	
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days								27,028			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2.53	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4922									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.86	\$71.51	\$0.00	\$16.80	\$21.92		\$20.56	\$7.30	14.24 (FRV)	\$2.53	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.04	\$13.14	\$0.00	\$3.09	\$4.03	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.90	\$84.65	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6121									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.46									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$230.71	\$136.46	\$0.00	\$19.89	\$25.95	\$0.00	\$24.34	\$7.30	\$14.24	\$2.53	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$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 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	\$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	\$23.19	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.90	\$141.92	\$0.00	\$20.11	\$26.36	\$0.00	\$41.44	\$7.30	\$14.24	\$2.53	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.60										

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 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	18.37%	Base Period Overall CMI:			1.2807	1.3699
Case Mix Per Diem Rate Effective Date: 01/01/21				Qtrly BIMS score		34.6%	2.5%	Quarterly Medicaid CMI:			1.5660	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		2.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5947	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,854
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days								23,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.32	\$0.00	\$13.59	\$27.86		\$25.21	\$7.84	\$7.92	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.99	\$56.32	\$0.00	\$13.59	\$23.27		\$23.46	\$7.84	11.53 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.43	\$10.35	\$0.00	\$2.50	\$4.27	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$66.67	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5947								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.07	\$106.32	\$0.00	\$16.09	\$27.54	\$0.00	\$27.77	\$7.84	\$11.53	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.19	\$3.19								
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	\$23.70	\$6.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.77	\$112.70	\$0.00	\$16.31	\$27.54	\$0.00	\$44.87	\$7.84	\$11.53	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Fort Oglethorpe		Case Mix Per Diem Rate Effective Date: 1/1/2021		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide	
Prvdr ID: 00214695A		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:		1.3512	1.3617	
				Nurse Hours per On-Site Day/Quality Incentive:		22.8%	1.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.3160	1.5438	
						3.73	1.0%			1.3365	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,844,982.00	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.63	\$77.43	\$0.00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5.36	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	7.58 (FRV)	\$1.19
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.61	\$10.53	\$0.00	\$2.60	\$3.36	\$0.00	\$3.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.34	\$67.84	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3365								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.17	\$90.67	\$0.00	\$16.75	\$21.67	\$0.00	\$20.10	\$7.21	\$7.58	\$1.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.91	\$0.91								
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	\$20.45	\$2.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.62	\$93.02	\$0.00	\$16.97	\$22.08	\$0.00	\$37.57	\$7.21	\$7.58	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Franklin, 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: 00141039A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4254	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		37.1%	2.5%	Quarterly Medicaid CMI:				1.4145	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		2.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4386	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,811,934.00	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)		(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758	\$218,504	\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21.12	\$7.73	\$8.12	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4254</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15.19		\$21.12	\$7.73	\$8.12	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15.19		\$20.56	\$7.73	9.71	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.35	\$10.30	\$0.00	\$2.48	\$2.79	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.80	\$66.37	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4386</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.91	\$95.48	\$0.00	\$16.00	\$17.98	\$0.00	\$24.34	\$7.73	\$9.71	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$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	\$23.51	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.42	\$101.26	\$0.00	\$16.22	\$18.39	\$0.00	\$41.44	\$7.73	\$9.71	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth-Greenville				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140038A				Growth Allowance: Qtrly BIMS score	N/A 38.0%	18.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.4082 1.3329	1.3617 1.5438
Case Mix Per Diem Rate Effective Date: 1/1/2021				Nurse Hours per On-Site Day/Quality Incentive:	2.63	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3562	1.5713
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127.00	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)		(\$61,050)	\$57,239
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8	Total Nursing Facility Days	As Filed Days = 36,395										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,930										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	\$6.62	\$1.57
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53.72	\$0.00	\$12.96	\$18.92		\$20.27	\$8.01	9.83	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.45	\$9.87	\$0.00	\$2.38	\$3.48	\$0.00	\$3.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.73	\$63.59	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3562								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.38	\$86.24	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.36	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.74	\$90.65	\$0.00	\$15.56	\$22.81	\$0.00	\$41.31	\$8.01	\$9.83	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.48									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Griffin, LLC				Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143052A				N/A	18.37%	Base Period Overall CMI:				1.3383	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score	1.0%	Quarterly Medicaid CMI:				1.3606	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:	3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3853	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275.00	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days								22,296		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12		<u>1.3383</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	\$12.20	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.70	\$57.34	\$0.00	\$13.25	\$19.26		\$20.34	\$7.45	8.06 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.24	\$10.53	\$0.00	\$2.43	\$3.54	\$0.00	\$3.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.94	\$67.87	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3853</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.09	\$94.02	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.27	\$98.31	\$0.00	\$15.90	\$23.21	\$0.00	\$41.34	\$7.45	\$8.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Holly Hill Prvdr ID: 00141479A		Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 18.3% Nurse Hours per On-Site Day/Quality Incentive: 3.68		Facility Score 18.37% 0.0% 3.0%	Add-on Percent 18.37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4465 Quarterly Medicaid CMI: 1.3385 Qtrly Mcaid CMI w RUG Wght Options: 1.3589			Facility Specific 1.4465 1.3385 1.3589	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$4,983,322.00	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)		(\$21,364)	\$20,871
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235	\$240,597	\$145,456	\$20,871
8	Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4.56	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4465								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diem Standards (After Statowide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.59	\$11.66	\$0.00	\$2.59	\$3.18	\$0.00	\$3.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.00	\$75.13	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3589								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.96	\$102.09	\$0.00	\$16.68	\$20.48	\$0.00	\$20.38	\$7.77	\$8.91	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.65	\$105.68	\$0.00	\$16.90	\$20.89	\$0.00	\$37.85	\$7.77	\$8.91	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.16									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Jasper			<u>Add-on Data and Percentages</u>		Facility <u>Score</u>	Add-on <u>Percent</u>	<u>Case Mix Index (CMI) Data</u>				Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: 00142436A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.5432	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		14.6%	0.0%	Quarterly Medicaid CMI:				1.6487	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.65	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6797	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198.00	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	19,472							19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5432								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.59	\$0.00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17.85 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.97	\$10.95	\$0.00	\$3.00	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.11	\$70.54	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6797								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.06	\$118.49	\$0.00	\$19.34	\$27.33	\$0.00	\$24.34	\$7.58	\$17.85	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.74	\$4.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$5.27	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.65	\$123.76	\$0.00	\$19.56	\$27.33	\$0.00	\$41.44	\$7.58	\$17.85	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Lakehaven				Facility	Add-on					Facility	State-	
Prvdr ID: 00141721A				Score	Percent					Specific	wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.4944	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score:		23.8%	1.0%	Quarterly Medicaid CMI:				1.7793	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive:		3.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.8120	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486.00	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$25,340)	\$25,340
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79	\$7.12	\$4.35	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4944								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	\$4.35	\$0.81
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	7.21 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$11.08	\$0.00	\$2.69	\$2.94	\$0.00	\$3.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8120								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.00	\$129.32	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
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	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.80	\$135.02	\$0.00	\$17.55	\$19.38	\$0.00	\$39.71	\$7.12	\$7.21	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Lafayette, 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: 00254394A		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.2862	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score: 26.7%		26.7%	1.0%	Quarterly Medicaid CMI:				1.3411	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.84		2.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3639	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452.00	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllQlhr = Ln 9		\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7.73	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.24	\$11.56	\$0.00	\$2.74	\$3.48	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.47	\$74.49	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3639								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQlhr = Ln 16	\$180.58	\$101.60	\$0.00	\$17.64	\$22.44	\$0.00	\$22.30	\$8.22	\$7.73	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwrd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.28	\$106.20	\$0.00	\$17.86	\$22.85	\$0.00	\$39.77	\$8.22	\$7.73	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.64									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: PruittHealth - Lanier		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140456A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.4690	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 23.5%	1.0%	Quarterly Medicaid CMI:				1.6896	1.5438	
				2.84	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7200	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,130,722.00	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288)		(\$53,719)	\$52,281
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4690								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	8.85 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.16	\$10.96	\$0.00	\$2.54	\$3.17	\$0.00	\$3.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.69	\$70.63	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7200								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.54	\$121.48	\$0.00	\$16.38	\$20.44	\$0.00	\$22.51	\$8.52	\$8.85	\$1.36
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.64	\$3.64								
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	\$23.48	\$5.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.02	\$126.86	\$0.00	\$16.60	\$20.85	\$0.00	\$39.98	\$8.52	\$8.85	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.44									

Provider: PruittHealth - Laurel Park			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific
Prvdr ID: 00908553A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.2708
Case Mix Per Diem Rate Effective Date: 01/01/21			Qtrly Cognitive Performance Scale:		20.8%	1.0%	Quarterly Medicaid CMI:				1.5794
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.11	5.0%	Qtrtly Mcaid CMI w RUG Wght Options:				1.6076
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related
			a	b	c	d	e	f	g	h	
<u>CASE MIX BASED RATE CALCULATIONS</u>											
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>		
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		
Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY2012 C/R - FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,159)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	7.36	\$2.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2708							
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59							
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		NA
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	\$7.36	\$2.63
Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.41	\$13.14	\$0.00	\$3.26	\$4.24	\$0.00	\$3.78		N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.81	\$84.65	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6076							(FRV)
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.08							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.54	\$136.08	\$0.00	\$20.97	\$27.33	\$0.00	\$24.34	\$7.36	\$22.93
Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA
21	Cognntv Perfrm Scale Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	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 Svcs)	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	\$25.48	\$8.16	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$266.03	\$144.24	\$0.00	\$21.19	\$27.33	\$0.00	\$41.44	\$7.36	\$22.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.70								

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Lilburn, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00145527A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: 44.9%		N/A	18.37%	Base Period Overall CMI: 1.4971			1.4971	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.60		Qltry BIMS score 2.5%		2.5%	2.0%	Quarterly Medicaid CMI: 1.6164			1.6164	1.5438
								Qltry Mcaid CMI w RUG Wght Options: 1.6446			1.6446	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988.00	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days								49,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4971								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38 (FRV)	\$1.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.29	\$10.97	\$0.00	\$2.69	\$3.55	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.15	\$70.68	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6446								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.71	\$116.24	\$0.00	\$17.31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see 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	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
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	\$23.86	\$5.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.57	\$122.00	\$0.00	\$17.53	\$23.31	\$0.00	\$37.30	\$7.41	\$7.38	\$1.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Macon, 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: 00141908A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A			Base Period Overall CMI: 1.4638			1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qtrly BIMS score 30.4%			2.5%			Quarterly Medicaid CMI: 1.6048			1.5438
			Nurse Hours per On-Site Day/Quality Incentive: 3.12			4.0%			Qtrly Mcaid CMI w RUG Wght Options: 1.6339			1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372.00	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
8	Total Nursing Facility Days As Filed Days = 75,230 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	68,796							67,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4638								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.51	\$12.41	\$0.00	\$2.46	\$4.23	\$0.00	\$3.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.48	\$79.99	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$1.94
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.19	\$130.70	\$0.00	\$15.85	\$27.23	\$0.00	\$21.96	\$8.15	\$8.36	\$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)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$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>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.23	\$5.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.79	\$9.03	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.98	\$139.73	\$0.00	\$16.07	\$27.30	\$0.00	\$39.43	\$8.15	\$8.36	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Magnolia Manor		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00252007A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.4894	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 28.3%	1.0%	Quarterly Medicaid CMI:				1.5253	1.5438	
					3.66	Qtrly Mcaid CMI w RUG Wght Options:				1.5524	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,467,213.00	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)		(\$122,467)	\$122,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days								32,284		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.34	\$11.94	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.70	\$76.94	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5524								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.20	\$119.44	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$22.40	\$5.30	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.60	\$124.74	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$7.45	\$28.07	\$3.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.13									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 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	18.37%	Base Period Overall CMI:			1.2754	1.3699
Case Mix Per Diem Rate Effective Date: 01/01/21				Qtrly BIMS score		39.5%	2.5%	Quarterly Medicaid CMI:			1.5798	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.28	2.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.6071	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)	(\$95,857)		(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days = 19,843	FY13 Audited C/R Days	19,843									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,456	FY 18 GL-PL Ins Rpt Days								40,456		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	\$7.08	\$16.37	\$1.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$23.54	\$12.82	\$0.00	\$2.99	\$3.42	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.14	\$82.60	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6071								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.29	\$132.75	\$0.00	\$19.28	\$22.02	\$0.00	\$27.77	\$7.08	\$15.91	\$1.48
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.32	\$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
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	\$24.24	\$6.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.53	\$139.26	\$0.00	\$19.50	\$22.43	\$0.00	\$44.87	\$7.08	\$15.91	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.07									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Millen Prvdr ID: 00140269A				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.5517				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score 46.6%		5.5%		Quarterly Medicaid CMI: 1.6466				1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.34		4.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6771				1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163.00	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	\$0	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362	
8	Total Nursing Facility Days As Filed Days = 30,270 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	30,270							29,649			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0.61	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5517									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12 (FRV)	\$0.61	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.48	\$8.67	\$0.00	\$2.76	\$3.45	\$0.00	\$3.60	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$55.84	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6771									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.65									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.69	\$93.65	\$0.00	\$17.78	\$22.24	\$0.00	\$23.18	\$8.11	\$15.12	\$0.61	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.15	\$5.15									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.22	\$103.08	\$0.00	\$18.00	\$22.65	\$0.00	\$40.65	\$8.11	\$15.12	\$0.61	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.34										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Monroe, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141468A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.2064			1.2064	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.37		Qtrly BIMS score 32.8%		32.8%	2.5%	Quarterly Medicaid CMI: 1.3119			1.3119	1.5438
						2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3331			1.3331	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415.00	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2064								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.45	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.69 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.33	\$12.54	\$0.00	\$2.40	\$4.24	\$0.00	\$3.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.78	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3331								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.69	\$107.71	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.06	\$5.37	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.75	\$113.08	\$0.00	\$15.68	\$27.33	\$0.00	\$37.78	\$7.46	\$9.69	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.99									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Moultrie				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142095A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		24.1%	18.37%	Base Period Overall CMI: 1.4840			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.59		Qtrly BIMS score: 1.0%		3.59	3.0%	Quarterly Medicaid CMI: 1.5368			1.5438	
								Qtrly Mcaid CMI w RUG Wght Options: 1.5666			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734.00	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0	\$335,304	\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,027
8	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20.91	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4840								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 (FRV)	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.47	\$9.81	\$0.00	\$2.70	\$4.18	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.94	\$63.19	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5666								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.74	\$98.99	\$0.00	\$17.38	\$26.94	\$0.00	\$24.34	\$7.00	\$18.56	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.49	\$0.00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.80	\$103.48	\$0.00	\$17.60	\$27.19	\$0.00	\$41.44	\$7.00	\$18.56	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.03									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: PruittHealth- Ocilla Prvdr ID: 00142315A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 3.41 </div> <div> Facility Score N/A 2.5% 3.0% </div> <div> Add-on Percent 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2894 Quarterly Medicaid CMI: 1.5972 Qtrly Mcaid CMI w RUG Wght Options: 1.6266 </div> <div> Facility Specific 1.2894 1.5972 1.6266 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,023
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days								23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8.39	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.31	\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	8.95 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.18	\$11.22	\$0.00	\$2.67	\$4.12	\$0.00	\$4.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.49	\$72.28	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6266								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$117.57	\$117.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.78	\$117.57	\$0.00	\$17.19	\$26.56	\$0.00	\$26.86	\$8.65	\$8.95	\$1.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwdf] x .75, up to max, or 0)	(see 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	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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 Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.88	\$124.57	\$0.00	\$17.41	\$26.97	\$0.00	\$44.33	\$8.65	\$8.95	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Old Capitol Prvdr ID: 00142304A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 31.8% Nurse Hours per On-Site Day/Quality Incentive: 2.70		N/A 31.8% 2.70	18.37% 2.5% 2.0%	Base Period Overall CMI: 1.2935 Quarterly Medicaid CMI: 1.4230 Qtrly Mcaid CMI w RUG Wght Options: 1.4473			1.2935 1.4230 1.4473	1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,892,389.00	\$2,956,703	\$0	\$535,070	\$480,839	\$285,393	\$776,842	\$344,054	\$513,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,523)	(\$6,095)	\$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)		(\$62,054)	\$57,696
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	\$451,434	\$57,696
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16.72	(with L&H)	\$14.28	\$8.01	\$9.94	\$1.27
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2935</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	\$9.94	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.25	\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	7.98 (FRV)	\$1.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Gnwth Allwnc %	\$17.08	\$9.23	\$0.00	\$2.16	\$3.07	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.33	\$59.47	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.27
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4473</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.93	\$86.07	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.43	\$90.47	\$0.00	\$14.13	\$20.20	\$0.00	\$34.37	\$8.01	\$7.98	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth - Palmyra		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142337A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3544	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	36.6%	2.5%	Quarterly Medicaid CMI:				1.5427	1.5438
					3.64	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5716	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3544								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71 (FRV)	\$0.62
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$19.95	\$9.84	\$0.00	\$2.55	\$4.33	\$0.00	\$3.23	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.42	\$63.38	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5716								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.65	\$99.61	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.99	\$2.99								
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	\$23.70	\$6.01	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.35	\$105.62	\$0.00	\$16.67	\$27.88	\$0.00	\$38.27	\$7.58	\$8.71	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.19									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Peake, 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: 00143327A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4021		1.4021		1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.92		Qlry BIMS score: 48.5%		5.5%		Quarterly Medicaid CMI: 1.6305		1.6305		1.5438
						3.0%		Qlry Mcaid CMI w RUG Wght Options: 1.6603		1.6603		1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690.00	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days								41,326		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20.72	(with L&H)	\$18.81	\$7.10	\$10.73	\$2.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4021								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	\$10.73	\$2.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60 (FRV)	\$2.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.56	\$12.41	\$0.00	\$2.88	\$3.81	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.62	\$79.94	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6603								
18	Qlry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.40	\$132.72	\$0.00	\$18.55	\$24.53	\$0.00	\$22.27	\$7.10	\$15.60	\$2.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.30	\$7.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$29.91	\$11.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$253.31	\$144.53	\$0.00	\$18.77	\$24.94	\$0.00	\$39.74	\$7.10	\$15.60	\$2.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.16									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

Provider: PruittHealth- Rome Prvdr ID: 299031876A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.3499	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qtrly BIMS score		37.9%	2.5%	Quarterly Medicaid CMI:				1.4716	1.5438
Nurse Hours per On-Site Day/Quality Incentive:					3.52	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4954	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16.52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7.35	\$1.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57.46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10.96 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.33	\$10.56	\$0.00	\$3.03	\$4.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.25	\$68.02	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4954								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.95	\$101.72	\$0.00	\$19.55	\$27.88	\$0.00	\$28.43	\$7.00	\$10.96	\$1.41
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$6.12	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.39	\$107.84	\$0.00	\$19.77	\$27.88	\$0.00	\$45.53	\$7.00	\$10.96	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.47									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 14.5% Nurse Hours per On-Site Day/Quality Incentive: 3.18			Facility Score N/A	Add-on Percent 18.37% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.7078 Qtrly Mcaid CMI w RUG Wght Options: 1.7403			Facility Specific 1.5049 1.7078 1.7403	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 288,717		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								40,469		
	Standard Per Diem (After CMA for Routine Srvc)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.51	\$0.92
	<u>Allowed @ 95% of Std</u>		\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.76	\$80.41		\$20.70	\$25.97		\$23.12	\$ 7.13	\$25.51	\$0.92
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.7403</u>							(FRV Rate)	
	Qrtly Routine Srvc Case Mix Adjstd (CMA) Net Per Diem			\$139.94								
	Quarterly Medicaid CMA Allowed Per Diem		\$243.29	\$139.94		\$20.70	\$25.97		\$23.12	\$7.13	\$25.51	\$0.92
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Srvc)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.80	\$2.80								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.90									
	Quarterly Case Mix Based Per Diem Rate		\$263.18	\$142.73		\$20.70	\$25.97		\$40.22	\$7.13	\$25.51	\$0.92
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$184.56										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Shepherd Hills, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142964A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI:		1.4305	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 12.6%		0.0%		Quarterly Medicaid CMI:		1.3730	1.5438	
				3.31		3.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.3974	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146.00	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269,469	\$198,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days								37,862		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	\$3.95	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16.97		\$16.46	\$7.12	6.69	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$10.14	\$0.00	\$2.44	\$3.12	\$0.00	\$3.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.38	\$65.32	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3974								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.34	\$91.28	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
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	\$21.37	\$3.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.71	\$94.55	\$0.00	\$15.92	\$20.50	\$0.00	\$36.95	\$7.12	\$6.69	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.21									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Sunrise, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143173A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.3624		1.3624	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 31.0%		2.5%				Quarterly Medicaid CMI: 1.5966		1.5966	1.5438	
		Nurse Hours per On-Site Day/Quality Incentive: 3.85		3.0%				Qtrly Mcaid CMI w RUG Wght Options: 1.6268		1.6268	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,978,696.00	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.29	\$67.63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3624</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.08	\$49.64	\$0.00	\$14.41	\$19.15		\$19.05	\$7.29	9.56 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.79	\$9.12	\$0.00	\$2.65	\$3.52	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.87	\$58.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6268</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.70	\$95.59	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.59	\$101.38	\$0.00	\$17.28	\$23.08	\$0.00	\$40.02	\$7.29	\$9.56	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Swainsboro, LLC Prvdr ID: 00143195A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qltry BIMS score: 36.6% Nurse Hours per On-Site Day/Quality Incentive: 3.83			18.37% 2.5% 2.0%	Base Period Overall CMI: 1.4255 Quarterly Medicaid CMI: 1.5370 Qltry Mcaid CMI w RUG Wght Options: 1.5649			1.3617 1.5438 1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,119,026.00	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days								29,277		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4255								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$11.03	\$0.00	\$2.38	\$3.33	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.98	\$71.05	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5649								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.12	\$111.19	\$0.00	\$15.31	\$21.48	\$0.00	\$20.87	\$8.46	\$8.89	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Akwd] x .75, up to max, or 0)	(see 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	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.75	\$116.72	\$0.00	\$15.53	\$21.89	\$0.00	\$38.34	\$8.46	\$8.89	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.24									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

<div> <div> Provider: PruittHealth- Sylvester Prvdr ID: 00143206A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.0% Nurse Hours per On-Site Day/Quality Incentive: 3.76 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3730 Quarterly Medicaid CMI: 1.4863 Qtrly Mcaid CMI w RUG Wght Options: 1.5123 </div> <div> Facility Specific 1.3730 1.4863 1.5123 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.77
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0.00	\$12.71	\$23.55		\$19.47	\$7.26	9.61 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Allwnc %	\$19.07	\$8.83	\$0.00	\$2.33	\$4.33	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.49	\$56.88	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5123								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.63	\$86.02	\$0.00	\$15.04	\$27.88	\$0.00	\$23.05	\$7.26	\$9.61	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
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	\$21.66	\$3.97	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.29	\$89.99	\$0.00	\$15.26	\$27.88	\$0.00	\$40.52	\$7.26	\$9.61	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.64									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth -Toccoa, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143305A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5108				1.5108	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.27		Qtrly BIMS score 32.4%	2.5%	Quarterly Medicaid CMI: 1.4005				1.4005	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4235				1.4235	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354.00	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjlmnts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days								57,413		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewido CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.97	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.68	\$0.78
	Quarterly Per Diem Rate Prior to Add-ons										{FRV}	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.72	\$9.35	\$0.00	\$2.66	\$3.41	\$0.00	\$3.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.69	\$60.23	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4235								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.20	\$85.74	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.71	\$1.71								
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	\$22.48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.68	\$90.12	\$0.00	\$17.38	\$22.41	\$0.00	\$38.72	\$7.59	\$6.68	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.94									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Toomsboro, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00409494A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.3444	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.5%	2.5%	Quarterly Medicaid CMI:				1.5340	1.5438
					3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5621	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,076,559.00	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	\$25,355
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days									20,031	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	\$8.05	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.55	\$10.32	\$0.00	\$2.72	\$3.93	\$0.00	\$3.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.11	\$66.49	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5621								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.48	\$103.86	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.83	\$110.11	\$0.00	\$17.75	\$25.76	\$0.00	\$40.53	\$7.45	\$13.99	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.80									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Valdosta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141369A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.6176				1.6176	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.02		Qtrly BIMS score: 19.2%	0.0%	Quarterly Medicaid CMI: 1.6109				1.6109	1.5438	
						Qtrly Mcaid CMI w RUG Wght Options: 1.6411				1.6411	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,327,017.00	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days								31,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.6176								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.98	\$10.25	\$0.00	\$2.55	\$3.40	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.64	\$66.07	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6411								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.00	\$108.43	\$0.00	\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$20.43	\$2.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.43	\$111.13	\$0.00	\$16.67	\$22.30	\$0.00	\$41.44	\$7.37	\$9.44	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.25									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - Virginia Park				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific		State-wide			
Prvdr ID: 00140401A				Growth Allowance:		N/A		18.37%		Base Period Overall CMI:			1.4219		1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		33.7%		2.5%		Quarterly Medicaid CMI:			1.6380		1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.50		3.0%		Qtrly Mcaid CMI w RUG Wght Options:			1.6686		1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g	g	h	i				
CASE MIX BASED RATE CALCULATIONS																
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1							
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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																
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%							
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%							
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,547,096.00	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	\$0				
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$8,698)	\$74,503				
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756	\$326,579	\$1,216,168	\$306,121	\$790,723	\$74,503				
8	Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111													
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days								41,304						
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17.94	\$17.43	(with L&H)	\$30.32	\$7.41	\$19.71	\$1.86				
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4219												
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26												
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86				
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A					
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.90 (FRV)	\$1.86				
Quarterly Per Diem Rate Prior to Add-ons																
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.42	\$13.14	\$0.00	\$3.30	\$3.20	\$0.00	\$3.78	N/A	N/A	N/A				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.03	\$84.65	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86				
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6686												
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.25												
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.63	\$141.25	\$0.00	\$21.24	\$20.63	\$0.00	\$24.34	\$7.41	\$11.90	\$1.86				
Quarterly Per Diem Add-on Amounts																
20	Efficiency Add-on Per Diem [(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00					
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53												
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$25.50	\$7.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.13	\$149.02	\$0.00	\$21.46	\$21.04	\$0.00	\$41.44	\$7.41	\$11.90	\$1.86				
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.77													

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Pruitt Health - Washington		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143569A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.5606	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		43.2%	2.5%	Quarterly Medicaid CMI:				1.6611	1.5438	
				2.96	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6933	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193.00	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5606								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.22	\$8.89	\$0.00	\$2.59	\$3.96	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.32	\$57.26	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6933								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.02	\$96.96	\$0.00	\$16.67	\$25.50	\$0.00	\$24.34	\$7.65	\$8.61	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.59	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.61	\$102.82	\$0.00	\$16.89	\$25.91	\$0.00	\$41.44	\$7.65	\$8.61	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: PruittHealth - West Atlanta		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00256088A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3473				1.3473	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.40		Qtrly BIMS score 25.0%	1.0%	Quarterly Medicaid CMI: 1.4176				1.4176	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4428				1.4428	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277.00	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917,961	\$288,717	\$263,915	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64,064
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days								34,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20.40	\$8.34	\$5.06	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3473								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14.82	\$23.09		\$20.40	\$8.34	10.06	\$1.62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4.24	\$0.00	\$3.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.38	\$74.34	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4428								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.30	\$107.26	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.15	\$2.15								
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	\$21.19	\$3.75	\$0.00	\$0.22	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.49	\$111.01	\$0.00	\$17.76	\$27.33	\$0.00	\$41.37	\$8.34	\$10.06	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Quiet Oaks Health Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID:	00370851A		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI:			1.2112	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Nurse Hours per On-Site Day/Quality Incentive:		47.4%	5.5%	Quarterly Medicaid CMI:			1.3803	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20					3.92	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4079	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R - FY 2018 GL-PL Rpt	\$2,924,434.00	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)	\$1,578	(\$61,577)		(\$32,836)	\$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	\$361,569	\$247,978	\$303,372	\$396,530	\$76,642	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gnwth Allwnc %	\$20.08	\$9.59	\$0.00	\$2.98	\$4.24	\$0.00	\$3.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.16	\$61.80	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4079								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.37	\$87.01	\$0.00	\$19.19	\$27.33	\$0.00	\$21.05	\$3.48	\$9.86	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Atwd) 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.79	\$4.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.74	\$1.74								
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	\$24.75	\$7.06	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.12	\$94.07	\$0.00	\$19.41	\$27.33	\$0.00	\$38.52	\$3.48	\$9.86	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.77									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 23.1% Nurse Hours per On-Site Day/Quality Incentive: 2.85			Facility Score N/A 23.1% 2.85	Add-on Percent 18.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2702 Quarterly Medicaid CMI: 1.3858 Qtrly Mcaid CMI w RUG Wght Options: 1.4091			Facility Specific 1.2702 1.3858 1.4091	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 12,007		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								41,659		
Standard Per Diem (After CMA for Routine Srvcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$19.72	\$0.09
<u>Allowed @ 95% of Std</u>			\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$170.30	\$80.41		\$20.70	\$25.97		\$23.12	\$ 0.29	\$19.72	\$0.09
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.4091</u>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$113.30								
Quarterly Medicaid CMA Allowed Per Diem			\$203.19	\$113.30		\$20.70	\$25.97		\$23.12	\$0.29	\$19.72	\$0.09
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 1.0% o Routine Srvs)			\$1.13	\$1.13								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.40	\$3.40								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$21.63									
Quarterly Case Mix Based Per Diem Rate			\$224.83	\$117.84		\$20.70	\$25.97		\$40.22	\$0.29	\$19.72	\$0.09
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$155.80										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Regency Park Health Care Prvdr ID: 00837207A				<u>Add-on Data and Percentages</u> Growth Allowance: N/A Qtrly BIMS score: 9.4% Nurse Hours per On-Site Day/Quality Incentive: 4.08		Facility Score: N/A Add-on Percent: 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4547 Quarterly Medicaid CMI: 1.4654 Qtrly Mcaid CMI w RUG Wght Options: 1.4902				Facility Specific: 1.4547 1.4654 1.4902	State-wide: 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462.00	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days								33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$23.47	\$12.87	\$0.00	\$3.38	\$3.91	\$0.00	\$3.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.08	\$82.95	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4902								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$212.74	\$123.61	\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.71	\$3.71								
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	\$22.12	\$4.24	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.86	\$127.85	\$0.00	\$21.79	\$25.58	\$0.00	\$38.79	\$0.30	\$20.47	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.32									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

Provider: Rehabilitation Center of South Georgia Prvdr ID: 00143283A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 40.2% Nurse Hours per On-Site Day/Quality Incentive: 5.97		N/A	18.37%	Base Period Overall CMI: 1.1416 Quarterly Medicaid CMI: 1.6357 Qtrtrly Mcaid CMI w RUG Wght Options: 1.6653				1.3699	1.5438
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjsmnts	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)		(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days As Filed Days = 35,948	FY13 Audited C/R Days	35,948									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,600	FY 18 GL-PL Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0.00	\$14.35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1416								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70 (FRV)	\$1.02
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.76	\$11.39	\$0.00	\$2.64	\$3.56	\$0.00	\$3.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.17	\$73.42	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6653								
18	Qtrtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$122.27									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.02	\$122.27	\$0.00	\$16.99	\$22.92	\$0.00	\$20.45	\$1.67	\$8.70	\$1.02
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max. or 0)	(see 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	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.67	\$3.67								
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	\$25.36	\$7.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.38	\$129.53	\$0.00	\$17.21	\$23.33	\$0.00	\$37.92	\$1.67	\$8.70	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Reliable Health and Rehab Prvdr ID: 321026473A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: Qtrly BIMS score		N/A 44.6%	18.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			1.4077 1.7209 1.7538	1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988.00	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.41	\$0.00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.26	\$10.91	\$0.00	\$2.43	\$4.14	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.23	\$70.32	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7538								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.24	\$123.33	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$25.03	\$7.31	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$231.27	\$130.64	\$0.00	\$15.87	\$27.09	\$0.00	\$41.44	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Renaissance Care and Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141754A			Growth Allowance: N/A		42.4%	18.37%	Base Period Overall CMI: 1.5068			1.5068	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		2.90	2.5%	Quarterly Medicaid CMI: 1.5868			1.5868	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		2.90	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6147	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844.00	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$1,099,217	\$971,207	\$365,282	\$53,969
8	Total Nursing Facility Days	As Filed Days = 51,721										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,450										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21.24	\$21.85	\$7.06	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$38.74	\$0.00	\$12.09	\$10.56		\$21.24	\$21.85	\$7.06	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18 (FRV)	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$15.06	\$7.12	\$0.00	\$2.22	\$1.94	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.08	\$45.86	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6147								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.27	\$74.05	\$0.00	\$14.31	\$12.50	\$0.00	\$24.34	\$21.85	\$7.18	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.85	\$1.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.48	\$1.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$3.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.86	\$77.91	\$0.00	\$14.53	\$12.91	\$0.00	\$41.44	\$21.85	\$7.18	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Resorts at Pooler				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00238741A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%	Base Period Overall CMI:				1.2677	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 35.3% <td>2.5%</td> <th colspan="4">Quarterly Medicaid CMI:</th> <td>1.4871</td> <td>1.5438</td>		2.5%	Quarterly Medicaid CMI:				1.4871	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 2.76 <td>2.0%</td> <th colspan="4">Qtrly Mcaid CMI w RUG Wght Options:</th> <td>1.5112</td> <td>1.5713</td>		2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5112	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527.00	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rpt Days								27,375		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	7.07 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.66	\$9.71	\$0.00	\$3.12	\$2.91	\$0.00	\$2.92	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.74	\$62.58	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5112								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.73	\$94.57	\$0.00	\$20.10	\$18.76	\$0.00	\$18.79	\$8.88	\$7.07	\$1.56
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.89	\$1.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.61	\$99.35	\$0.00	\$20.32	\$19.17	\$0.00	\$36.26	\$8.88	\$7.07	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.63									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Ridgecrest Rehab & Skilled Nursing Center Prvdr ID: 00141886A </div> <div> Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Nurse Hours per On-Site Day/Quality Incentive: </div> </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 45.0% 4.23 </div> <div> Facility Score N/A 45.0% 4.23 </div> <div> Add-on Percent 18.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2980 Quarterly Medicaid CMI: 1.3635 Qtrly Mcaid CMI w RUG Wght Options: 1.3877 1.5713 </div> <div> Facility Specific 1.2980 1.3635 1.3877 </div> <div> State-wide 1.3699 1.5438 1.5713 </div>
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Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Ridgewood 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: 00142744A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.3042	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score 50.9%	5.5%	Quarterly Medicaid CMI:				1.4813	1.5438	
					3.0%	Qltry Mcaid CMI w RUG Wght Options:				1.5032	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,189,983.00	\$3,025,952	\$0	\$553,960	\$367,214	\$335,603	\$554,570	\$10,206	\$342,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qltrs of FY12		<u>1.3042</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.69	\$12.25	\$0.00	\$2.91	\$3.71	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.12	\$78.91	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5032</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.83	\$118.62	\$0.00	\$18.76	\$23.91	\$0.00	\$18.16	\$0.28	\$8.01	\$0.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.52	\$6.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$28.71	\$10.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.54	\$129.23	\$0.00	\$18.98	\$24.32	\$0.00	\$35.63	\$0.28	\$8.01	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.58									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		56.5%	18.37%	Base Period Overall CMI: 1.4711			1.4711	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		5.5%	5.5%	Quarterly Medicaid CMI: 1.8040			1.8040	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.89		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8374			1.8374	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475.00	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	59,753								34,467	
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.66	\$0.00	\$2.42	\$2.80	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.38	\$49.38	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8374								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.73	\$90.73	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.99	\$4.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.72	\$2.72								
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	\$26.34	\$8.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.07	\$98.97	\$0.00	\$15.82	\$18.44	\$0.00	\$38.35	\$2.18	\$7.46	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Riverdale Place Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083289A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5593				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 41.5%	2.5%	Quarterly Medicaid CMI: 1.6528				1.5438		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6839				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117.00	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	\$2,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.27	\$0.00	\$2.36	\$2.71	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.02	\$46.84	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6839								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.05	\$78.87	\$0.00	\$15.22	\$17.45	\$0.00	\$24.34	\$1.55	\$8.79	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.37	\$2.37								
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	\$22.60	\$4.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.65	\$83.74	\$0.00	\$15.44	\$17.86	\$0.00	\$41.44	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.41									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Riverside Health & Rheab of 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: 00140346A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.1990	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		50.0%	5.5%	Quarterly Medicaid CMI:			1.5657	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.97	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5931	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,046.78	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days As Filed Days = 26,092 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	26,092							24,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1990								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.57	\$11.29	\$0.00	\$3.04	\$3.46	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.09	\$72.73	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5931								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.23	\$115.87	\$0.00	\$19.60	\$22.28	\$0.00	\$24.34	\$2.84	\$9.49	\$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)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$29.26	\$11.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.49	\$127.40	\$0.00	\$19.82	\$22.69	\$0.00	\$41.44	\$2.84	\$9.49	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.54									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data

FINAL

Provider: Riverside 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: 00140324A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4742	1.3699	
Case Mix Per Diem Rate Effective Date: 01/01/21			Qtrly BIMS score		44.2%	2.5%	Quarterly Medicaid CMI:			1.4532	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		2.99	3.0%	Qtrtly Mcaid CMI w RUG Wght Options:			1.4784	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days As Filed Days = 52,821	FY13 Audited C/R Days	52,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days								52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.36	\$68.98	\$0.00	\$13.51	\$15.41	(with L&H)	\$25.36	\$3.86	\$31.94	\$1.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25.36	\$3.86	\$31.94	\$1.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16 (FRV)	\$1.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$18.22	\$8.60	\$0.00	\$2.48	\$2.83	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.71	\$55.39	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$1.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4784								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.21	\$81.89	\$0.00	\$15.99	\$18.24	\$0.00	\$27.77	\$3.86	\$8.16	\$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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$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	\$22.77	\$5.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.98	\$86.93	\$0.00	\$16.21	\$18.65	\$0.00	\$44.87	\$3.86	\$8.16	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.16									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Riverview Health & Rehab Ctr			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00040741A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.2970	1.3617	
H/B ? : No			Case Mix Per Diem Rate Effective Date: 01/01/21		BIMS: 25.0%	1.0%	Quarterly Medicaid CMI:			1.4346	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.70	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4587	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 183,420		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								52,177		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$29.14	\$0.45
	Allowed @ 95% of Std		\$156.48	\$67.93		\$17.49	\$21.94		\$19.53		\$29.14	\$0.45
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.31	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.52	\$29.14	\$0.45
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4587							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.29								
	Quarterly Medicaid CMA Allowed Per Diem		\$220.19	\$117.29		\$20.70	\$25.97		\$23.12	\$3.52	\$29.14	\$0.45
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.17	\$1.17								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.35	\$2.35								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.62									
	Quarterly Case Mix Based Per Diem Rate		\$240.81	\$120.81		\$20.70	\$25.97		\$40.22	\$3.52	\$29.14	\$0.45
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.78										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Roberta Health Care				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142777A				Add-on Data and Percentages								
		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.4576			1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 45.8%		5.5%		Quarterly Medicaid CMI: 1.6651			1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.39		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6944			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,401.77	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.95	\$6.27	\$0.00	\$2.04	\$2.64	\$0.00	\$3.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$98.63	\$40.41	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6944								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.69	\$68.47	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.77	\$3.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$24.45	\$6.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$151.14	\$74.82	\$0.00	\$13.34	\$17.44	\$0.00	\$36.80	\$0.98	\$6.87	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.53									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rockdale 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: 00838252A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:			1.6517	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score: 26.6%		26.6%	1.0%	Quarterly Medicaid CMI:			1.6453	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.03		3.03	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6741	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907.40	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$241,133)	\$0	\$0	\$0	(\$9,128)	(\$13,765)	(\$153,072)		(\$190,364)	\$125,196
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442	\$376,143	\$1,263,591	\$128,540	\$1,655,527	\$125,196
8	Total Nursing Facility Days As Filed Days = 34,294	FY12 Audited C/R Days	34,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days								33,390		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24		\$36.85	\$3.85	\$48.27	\$3.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24		\$20.56	\$3.85	14.00 (FRV)	\$3.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.83	\$8.95	\$0.00	\$2.75	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.65	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6741								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.67	\$96.51	\$0.00	\$17.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.80	\$100.91	\$0.00	\$17.95	\$22.00	\$0.00	\$41.44	\$3.85	\$14.00	\$3.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.03									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ?: No			Case Mix Per Diem Rate Effective Date: 01/01/21 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Add-on Data and Percentages Growth Allowance: N/A BIMS: 32.4% Nurse Hours per On-Site Day/Quality Incentive: 3.98			Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5046 Quarterly Medicaid CMI: 1.5310 Qtrly Mcaid CMI w RUG Wght Options: 1.5310			Facility Specific Use Stwd: 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1							
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities							
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes							
	Peer Group Standards & Efficiency Measure Limits															
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%							
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%							
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37							
	Per Diem Costs and Add-ons															
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$23,590.00						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								14,490						
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$8.55	\$0.00				
	Allowed @ 90% of Std		\$128.76	\$64.36		\$16.57	\$20.78		\$18.50		\$8.55	\$0.00				
	Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40							
	CMA Allowed Per Diem (After Growth Allowance)		\$152.47	\$76.18		\$19.61	\$24.60		\$21.90	\$ 1.63	8.55	\$0.00				
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5310							(FRV Rate)					
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.64												
	Quarterly Medicaid CMA Allowed Per Diem		\$192.93	\$116.64		\$19.61	\$24.60		\$21.90	\$1.63	\$8.55	\$0.00				
	Quarterly Per Diem Add-On Amounts															
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.92	\$2.92												
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.50	\$3.50												
	Nursing Home Provider Fee		\$17.10						17.10							
	Total Quarterly Per Diem Add-On Amounts		\$23.51													
	Quarterly Case Mix Based Per Diem Rate		\$216.44	\$123.05		\$19.61	\$24.60		\$39.00	\$1.63	\$8.55	\$0.00				
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$149.51														

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rome Health and Rehab				Facility	Add-on					Facility	State-	
Prvdr ID: 00140753A				<u>Add-on Data and Percentages</u>	<u>Score</u>	<u>Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Specific</u>	<u>wide</u>
		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%	Base Period Overall CMI: 1.6744				1.6744	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 24.5%		1.0%	Quarterly Medicaid CMI: 1.8982				1.8982	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.66		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9325				1.9325	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,288,641.96	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$389,506)	\$0	\$0	\$0	\$0	\$1,892	(\$391,398)		(\$38,357)	\$38,357
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	\$515,153	\$185,219	\$293,973	\$839,553	\$2,885	\$221,073	\$38,357
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days								33,075		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6744								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14.06		\$24.64	\$0.09	\$6.49	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06		\$20.56	\$0.09	14.64 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.02	\$0.00	\$2.78	\$2.58	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.88	\$58.14	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9325								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.10	\$112.36	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.25	\$2.25								
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	\$21.63	\$3.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.73	\$116.26	\$0.00	\$18.12	\$17.05	\$0.00	\$41.44	\$0.09	\$14.64	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rose City Health and Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083311A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5200				1.5200	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 34.6%		Qtrly BIMS score 3.45	2.5%	Quarterly Medicaid CMI: 1.6775				1.6775	1.5438	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7074				1.7074	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,126,173.60	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.11	\$69.49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5200								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.48	\$8.40	\$0.00	\$2.98	\$2.32	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.04	\$54.12	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7074								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.32	\$92.40	\$0.00	\$19.19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.74	\$97.09	\$0.00	\$19.41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.73									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

<div> <div> Provider: Roselane Health and Rehab Center Prvdr ID: 00831751A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.3% Nurse Hours per On-Site Day/Quality Incentive: 3.53 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5874 Quarterly Medicaid CMI: 1.6062 Qtrly Mcaid CMI w RUG Wght Options: 1.6342 </div> <div> Facility Specific: 1.5874 1.6062 1.6342 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,250.74	\$4,527,903	\$0	\$783,412	\$278,374	\$481,065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,774)	\$14,162	\$0	\$0	\$0	\$0	(\$100,936)		(\$105,761)	\$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	\$783,412	\$278,374	\$481,065	\$1,095,630	\$3,214	\$486,956	\$105,761
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days								44,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80 (FRV)	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.60	\$11.58	\$0.00	\$3.17	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.39	\$74.62	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6342								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.71	\$121.94	\$0.00	\$20.43	\$19.80	\$0.00	\$24.34	\$0.07	\$14.80	\$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$3.66	\$3.66								
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	\$23.14	\$5.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.85	\$127.35	\$0.00	\$20.65	\$20.21	\$0.00	\$41.44	\$0.07	\$14.80	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.31									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Rosemont at Stone Mountain		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00587331A		Growth Allowance: Qltry BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2404	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Nurse Hours per On-Site Day/Quality Incentive:		44.6%	2.5%	Qltry Mcaid CMI w RUG Wght Options:				1.7536	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				3.58	2.0%					1.7867	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612.00	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)		(\$128,317)	\$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	\$5.84	\$2.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06 (FRV)	\$2.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.64	\$10.58	\$0.00	\$2.69	\$3.19	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.54	\$68.15	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7867								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.15	\$121.76	\$0.00	\$17.32	\$20.57	\$0.00	\$20.51	\$3.28	\$12.06	\$2.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.26	\$127.77	\$0.00	\$17.54	\$20.98	\$0.00	\$37.98	\$3.28	\$12.06	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.87									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Ross Memorial Health Care Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142942A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.2961	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	23.5%	Quarterly Medicaid CMI:				1.2688	1.5438	
					4.88	Qtrly Mcaid CMI w RUG Wght Options:				1.2872	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989.00	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$64,497	\$312,292	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70,168
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.57	\$12.08	\$0.00	\$3.38	\$3.93	\$0.00	\$3.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.31	\$77.83	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2872								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.66	\$100.18	\$0.00	\$21.79	\$25.34	\$0.00	\$20.49	\$2.11	\$12.62	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4.54	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.08	\$104.72	\$0.00	\$21.79	\$25.75	\$0.00	\$37.96	\$2.11	\$12.62	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.49									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Roswell Nursing & Rehab Ctr Prvdr ID: 00141248A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.2% Nurse Hours per On-Site Day/Quality Incentive: 3.41 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.6341 Quarterly Medicaid CMI: 1.6991 Qtrly Mcaid CMI w RUG Wght Options: 1.7309 </div> <div> Facility Specific 1.6341 1.6991 1.7309 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$7,743,053	\$4,498,611	\$0	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,719
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	\$0	\$557,983	\$240,775	\$376,917	\$984,909	\$24,135	\$815,423	\$72,719
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16.37	\$18.12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.22	\$13.47	\$0.00	\$3.01	\$3.33	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.92	\$86.78	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7309								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.35	\$150.21	\$0.00	\$19.38	\$21.45	\$0.00	\$28.43	\$0.31	\$9.44	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([(Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.76	\$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$3.00	\$3.00								
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	\$24.49	\$6.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.84	\$156.97	\$0.00	\$19.60	\$21.86	\$0.00	\$45.53	\$0.31	\$9.44	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.06									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center Prvdr ID: 00141842A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 44.5% Nurse Hours per On-Site Day/Quality Incentive: 3.38		Facility Score N/A	Add-on Percent 18.37% 2.5% 5.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3125 Quarterly Medicaid CMI: 1.4467 Qtrly Mcaid CMI w RUG Wght Options: 1.4715			Facility Specific 1.3125 1.4467 1.4715	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options												
Type of Facility within Peer Group												
Bed Size Range within Peer Group												
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile												
Peer Group Standards: Multiplier												
Efficiency Measures (Maximums)												
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs												
Total Nursing Facility Days GL-PL Ins. Rpt												
Standard Per Diem (After CMA for Routine Svcs)												
Allowed @ 90% of Std												
Growth Allowance 18.37%												
CMA Allowed Per Diem (After Growth Allowance)												
Quarterly Facility Case Mix Index for Medicaid Residents												
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem												
Quarterly Medicaid CMA Allowed Per Diem												
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% to Routine Svcs												
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%												
Nursing Home Provider Fee												
Total Quarterly Per Diem Add-On Amounts												
Quarterly Case Mix Based Per Diem Rate												
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%												

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Savannah Beach Nursing & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142876A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.1996		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 40.6%		2.5%		Quarterly Medicaid CMI: 1.6291		1.5438		
				3.55		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6602		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375.41	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmlts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmlt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19.35	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmlt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19.35	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00	\$3.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.91	\$72.62	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6602								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.85	\$120.56	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$3.01	\$3.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng 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	\$24.05	\$5.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.90	\$126.51	\$0.00	\$18.09	\$20.25	\$0.00	\$38.54	\$2.28	\$9.49	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.10									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Scott Health & Rehabilitation				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141644A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3422			1.3422	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.49		Qtrly BIMS score 25.0%		25.0%	1.0%	Quarterly Medicaid CMI: 1.5190			1.5190	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 3.49		3.49	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5444			1.5444	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423.26	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	\$13,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8	Total Nursing Facility Days	As Filed Days = 19,289										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,880										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.82	\$10.16	\$0.00	\$2.82	\$3.29	\$0.00	\$3.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.28	\$65.49	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5444								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.93	\$101.14	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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 Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.60	\$105.71	\$0.00	\$18.37	\$21.61	\$0.00	\$40.36	\$3.44	\$9.43	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.88									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Sears 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: 00142898A		Case Mix Per Diem Rate Effective Date: 1/1/2021				Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2990			1.2990	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 6.03				Qtrly BIMS score: 52.9%	5.5%	Quarterly Medicaid CMI: 1.5600			1.5600	1.5438
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5864			1.5864	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947.00	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstm'ts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
9	Net Per Diems prior to Case Mix Adjstm't to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstm't to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88 (FRV)	\$0.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.23	\$10.67	\$0.00	\$2.94	\$3.37	\$0.00	\$3.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.21	\$68.74	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5864								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.52	\$109.05	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.00	\$6.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$27.90	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.42	\$118.85	\$0.00	\$19.15	\$22.10	\$0.00	\$38.41	\$2.15	\$9.88	\$0.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.74									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2760				1.2760	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score 33.3%	2.5%	Quarterly Medicaid CMI: 1.0534				1.0534	1.5438	
				4.09	3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.0645				1.0645	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,031,689.00	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.60	\$12.23	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$78.83	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0645								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.94	\$83.91	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.27	\$9.04	\$0.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.25	\$5.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.19	\$89.06	\$0.00	\$34.50	\$27.33	\$0.00	\$41.44	\$0.27	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.82									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Senior Care Ctr.-Brunswick Prvdr ID: 000830827B			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score 24.0% Nurse Hours per On-Site Day/Quality Incentive: 3.33			18.37% 1.0% 3.0%	Base Period Overall CMI: 1.2904 Quarterly Medicaid CMI: 1.4325 Qtrly Mcaid CMI w RUG Wght Options: 1.4575				1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309.00	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&F)	\$38.69	\$3.80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.36	\$13.14	\$0.00	\$3.32	\$4.12	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.59	\$84.65	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4575								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.32	\$123.38	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.56	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.88	\$128.31	\$0.00	\$21.59	\$26.96	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.91									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Senior Care Ctr.- 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.2093	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	40.5%	Quarterly Medicaid CMI:				1.3196	1.5438	
					4.73	Qtrly Mcaid CMI w RUG Wght Options:				1.3377	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594.00	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$184.14	\$99.66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5.11	\$6.58	\$1.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2093								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.76	\$71.51	\$0.00	\$17.91	\$23.09		\$20.56	\$5.11	10.41 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.45	\$13.14	\$0.00	\$3.29	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.21	\$84.65	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3377								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.80	\$113.24	\$0.00	\$21.20	\$27.33	\$0.00	\$24.34	\$5.11	\$10.41	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.55	\$6.23	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.35	\$119.47	\$0.00	\$21.42	\$27.33	\$0.00	\$41.44	\$5.11	\$10.41	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.94									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Signature HC of Buckhead		<u>Add-on Data and Percentages</u>		<u>Facility 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Qtrly BIMS score: 30.1%		Base Period Overall CMI: 1.5246		1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 1.96		Qtrly BIMS score: 2.5%		Quarterly Medicaid CMI: 1.7854		1.5438		
						Qtrly Mcaid CMI w RUG Wght Options: 2.0%		1.8202		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,994.70	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5246								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57		\$37.39	\$9.07	\$20.98	\$4.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.02	\$11.58	\$0.00	\$3.06	\$3.60	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.44	\$74.63	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8202								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.65	\$135.84	\$0.00	\$19.74	\$23.17	\$0.00	\$24.34	\$9.07	\$10.13	\$4.36
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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.72	\$2.72								
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	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.03	\$142.49	\$0.00	\$19.96	\$23.58	\$0.00	\$41.44	\$9.07	\$10.13	\$4.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Signature HC - Marietta				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142986A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.4557			1.4557	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.27		Qtrly BIMS score: 18.7%		18.7%	0.0%	Quarterly Medicaid CMI: 1.8586			1.8586	1.5438
						3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8952			1.8952	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029.22	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4557								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.72	\$12.14	\$0.00	\$3.38	\$3.42	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.82	\$78.23	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8952								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.85	\$148.26	\$0.00	\$21.79	\$22.06	\$0.00	\$24.34	\$1.99	\$12.36	\$2.05
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - 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	BTMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$22.49	\$4.98	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.34	\$153.24	\$0.00	\$21.79	\$22.47	\$0.00	\$41.44	\$1.99	\$12.36	\$2.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.68									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Signature Healthcare of 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: 00083157A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.6565		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 21.6%		1.0%		Quarterly Medicaid CMI: 1.8241		1.5438		
				2.60		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.8600		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,163,426.08	\$3,322,791	\$0	\$575,380	\$227,959	\$317,863	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$83.33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6565								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.56	\$50.31	\$0.00	\$14.48	\$13.79		\$20.56	\$0.92	10.25 (FRV)	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.77	\$59.55	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8600								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.98	\$110.76	\$0.00	\$17.14	\$16.32	\$0.00	\$24.34	\$0.92	\$10.25	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$22.69	\$4.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.67	\$115.72	\$0.00	\$17.36	\$16.73	\$0.00	\$41.44	\$0.92	\$10.25	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Smith Medical Nursing Care Center Prvdr ID: 00143008A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.5% Nurse Hours per On-Site Day/Quality Incentive: 2.34 </div> <div> Facility Score Add-on Percent 18.37% 2.5% 0.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 0.9535 Quarterly Medicaid CMI: 0.9600 Qtrly Mcaid CMI w RUG Wght Options: 0.9697 </div> <div> Facility Specific State-wide 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,363,450.00	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,988 As Filed Days = 17,789	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	16,988						17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$78.61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>0.9535</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	\$0.93	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18 (FRV)	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$13.93	\$7.28	\$0.00	\$1.81	\$2.08	\$0.00	\$2.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$103.63	\$46.93	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>0.9697</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$45.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$102.21	\$45.51	\$0.00	\$11.67	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$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	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.77	\$1.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$121.98	\$47.18	\$0.00	\$11.89	\$13.82	\$0.00	\$35.23	\$2.81	\$10.18	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$78.66									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

Provider: Social Circle 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: 00143041A				Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5267			1.5267	1.4014
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		31.7%	2.5%	Quarterly Medicaid CMI: 1.8020			1.8020	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 3.15		3.15	3.0%	Qtrtly Mcaid CMI w RUG Wght Options: 1.8366			1.8366	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,102,789	\$1,142,250	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$5,854	\$188,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$19,636)	\$0	\$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,083,153	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$5,854	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.05	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.27	\$17.60	\$0.74
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.27	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.06	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02	\$0.27	9.39 (FRV)	\$0.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.00	\$13.15	\$0.00	\$3.40	\$3.04	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.06	\$84.75	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.8366								
18	Qtrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.96	\$155.65	\$0.00	\$21.91	\$19.57	\$0.00	\$28.43	\$0.27	\$9.39	\$0.74
Quarterly 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	\$3.89	\$3.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67								
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	\$26.82	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.78	\$164.74	\$0.00	\$22.13	\$19.98	\$0.00	\$45.53	\$0.27	\$9.39	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$184.26									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southern Pines Nursing Home Prvdr ID: 00140918A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 43.9% Nurse Hours per On-Site Day/Quality Incentive: 3.69		Facility Score N/A	Add-on Percent 18.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4655 Quarterly Medicaid CMI: 1.7981 Qtrly Mcaid CMI w RUG Wght Options: 1.8341			Facility Specific 1.4655 1.7981 1.8341	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 54,433		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								20,467		
Standard Per Diem (After CMA for Routine Svcs)		FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$32.84	\$0.91
<u>Allowed @ 95% of Std</u>			\$160.64	\$67.93		\$17.49	\$21.94		\$19.53		\$32.84	\$0.91
Growth Allowance 18.4%			\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
CMA Allowed Per Diem (After Growth Allowance)			\$186.68	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.73	\$32.84	\$0.91
Quarterly Facility Case Mix Index for Medicaid Residents				<u>1.8341</u>							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$147.48								
Quarterly Medicaid CMA Allowed Per Diem			\$253.75	\$147.48		\$20.70	\$25.97		\$23.12	\$2.73	\$32.84	\$0.91
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Svcs)			\$3.69	\$3.69								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%			\$2.95	\$2.95								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.74									
Quarterly Case Mix Based Per Diem Rate			\$277.49	\$154.11		\$20.70	\$25.97		\$40.22	\$2.73	\$32.84	\$0.91
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$195.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Southland 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: 00409054A			Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.4974	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			35.2%	2.5%	Quarterly Medicaid CMI:			1.6703	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:			3.21	4.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6992	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,549,981.26	\$5,013,180	\$0	\$893,414	\$455,650	\$544,070	\$1,139,982	\$147,464	\$1,356,221	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$29,285)	(\$707)	\$0	(\$3,735)	\$0	\$0	(\$28,578)		(\$83,132)	\$86,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,520,696	\$5,012,473	\$0	\$889,679	\$455,650	\$544,070	\$1,111,404	\$147,464	\$1,273,089	\$86,867
8	Total Nursing Facility Days As Filed Days = 52,588 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	52,588							49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4974								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.66	\$0.00	\$16.92	\$19.01		\$21.13	\$2.98	\$24.21	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.07	\$11.69	\$0.00	\$3.11	\$3.49	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.55	\$75.35	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$1.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6992								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.23	\$128.03	\$0.00	\$20.03	\$22.50	\$0.00	\$24.34	\$2.98	\$13.70	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.58	\$8.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.81	\$136.88	\$0.00	\$20.25	\$22.91	\$0.00	\$41.44	\$2.98	\$13.70	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Southland Healthcare & Rehab Ctr.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143558A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.5242	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	29.8%	1.0%	Quarterly Medicaid CMI:				1.6298	1.5438
					2.99	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6577	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1	1	2	1	1	1			
				All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (<i>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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749.00	\$2,423,160	\$0	\$486,787	\$281,646	\$308,120	\$916,153	\$49,173	\$702,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$545,105)	(\$169,656)	\$0	(\$3,887)	\$3,071	(\$4,176)	(\$363,805)		(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0	\$482,900	\$284,717	\$303,944	\$552,348	\$49,173	\$663,884	\$32,174
8	Total Nursing Facility Days As Filed Days = 35,339	FY12 Audited C/R Days	35,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days								33,391		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlts of FY12		<u>1.5242</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	\$18.75	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	7.96 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.10	\$7.67	\$0.00	\$2.51	\$3.05	\$0.00	\$2.87	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.05	\$49.42	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6577</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.55	\$81.92	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$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	\$21.91	\$3.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.46	\$85.73	\$0.00	\$16.37	\$20.08	\$0.00	\$35.94	\$1.47	\$7.96	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.52									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ?: Yes				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 43.2% Nurse Hours per On-Site Day/Quality Incentive: 3.79		Facility Score N/A 43.2% 3.79	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4305 Quarterly Medicaid CMI: 1.2990 Qtrly Mcaid CMI w RUG Wght Options: 1.3189			Facility Specific 1.4305 1.2990 1.3189	State-wide 1.3699 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	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			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs		FY2018 GL-PL Ins. Rpt								\$ 34,380		
Total Nursing Facility Days GL-PL Ins. Rpt		FY2018 GL-PL Ins. Rpt								31,753		
Standard Per Diem (After CMA for Routine Svcs)		FY 2013 Peer Group Limit		\$73.90		\$28.00	\$23.27		\$23.46		\$27.24	\$0.34
<u>Allowed @ 95% of Std</u>			\$168.79	\$70.21		\$26.60	\$22.11		\$22.29		\$27.24	\$0.34
Growth Allowance 18.37%			\$25.94	\$12.90		\$4.89	\$4.06		\$4.09			
CMA Allowed Per Diem (After Growth Allowance)			\$197.46	\$83.11		\$31.49	\$26.17		\$26.38	\$ 2.73	\$27.24	\$0.34
Quarterly Facility Case Mix Index for Medicaid Residents				1.3189							(FRV Rate)	
Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem				\$109.61								
Quarterly Medicaid CMA Allowed Per Diem			\$223.96	\$109.61		\$31.49	\$26.17		\$26.38	\$2.73	\$27.24	\$0.34
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)			\$2.74	\$2.74								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%			\$3.29	\$3.29								
Nursing Home Provider Fee			\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.13									
Quarterly Case Mix Based Per Diem Rate			\$247.09	\$115.64		\$31.49	\$26.17		\$43.48	\$2.73	\$27.24	\$0.34
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$172.49										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Sparta 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: 00143063A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:			1.0832	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score	12.5%	0.0%	Quarterly Medicaid CMI:			1.3366	1.5438	
					3.19	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.3594	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795.29	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)		(\$16,933)	\$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.11	\$10.80	\$0.00	\$2.62	\$2.91	\$0.00	\$2.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.19	\$69.61	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3594								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.21	\$94.63	\$0.00	\$16.86	\$18.74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwtd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$21.47	\$3.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.68	\$98.00	\$0.00	\$17.08	\$19.15	\$0.00	\$35.38	\$3.05	\$8.35	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.44									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Stevens 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: 03143404A				Growth Allowance:			N/A	18.37%	Base Period Overall CMI:			1.6519	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score			21.1%	1.0%	Quarterly Medicaid CMI:			1.6423	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:			3.78	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6748	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>				
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797.46	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154	
8	Total Nursing Facility Days As Filed Days = 16,235 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	16,235							15,779			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06	
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.6519									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.23	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.02	\$13.03	\$0.00	\$3.38	\$3.83	\$0.00	\$3.78	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.25	\$83.94	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6748									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.58									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.89	\$140.58	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$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)	\$0.86	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$4.22	\$4.22									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$6.08	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$273.48	\$146.66	\$0.00	\$21.79	\$25.08	\$0.00	\$41.44	\$3.02	\$34.43	\$1.06	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.29										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Summerhill Elderliving Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142139A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3692				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.51		Qtrly BIMS score: 45.1%	5.5%	Quarterly Medicaid CMI: 1.5179				1.5438		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5443				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605.00	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632)		(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days								57,192		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.23	\$10.72	\$0.00	\$3.38	\$3.91	\$0.00	\$3.22	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.73	\$69.06	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5443								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.32	\$106.65	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.87	\$5.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$27.48	\$9.60	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.80	\$116.25	\$0.00	\$21.79	\$25.62	\$0.00	\$38.23	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$151.28									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Syl-View Health Care Center, 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: 00040796A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:				1.1798	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score		35.3%	2.5%	Quarterly Medicaid CMI:				1.4132	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.42	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4366	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,902,776.00	\$2,054,107	\$0	\$497,355	\$318,621	\$206,770	\$442,929	\$85,829	\$297,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$135,020)	(\$38,629)	\$0	(\$1,545)	(\$611)	\$0	(\$91,419)		(\$24,967)	\$22,151
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
8	Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3.15	\$7.96	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1798								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$16.55	\$9.18	\$0.00	\$2.66	\$2.82	\$0.00	\$1.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.33	\$59.14	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4366								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.15	\$84.96	\$0.00	\$17.16	\$18.17	\$0.00	\$12.17	\$3.15	\$7.89	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$24.15	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.30	\$91.01	\$0.00	\$17.38	\$18.58	\$0.00	\$29.64	\$3.15	\$7.89	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Tatnall Nursing, LLC Prvdr ID: 00143228A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 20.5% Nurse Hours per On-Site Day/Quality Incentive: 2.86 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1942 Quarterly Medicaid CMI: 1.1721 Qtrly Mcaid CMI w RUG Wght Options: 1.1911 </div> <div> Facility Specific: 1.1942 1.1721 1.1911 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069.00	\$1,467,317	\$0	\$342,930	\$203,077	\$203,189	\$535,778	\$19,237	\$270,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,506 As Filed Days = 27,626	30,506									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0.70	\$9.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1942								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$15.13	\$7.39	\$0.00	\$2.06	\$2.44	\$0.00	\$3.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.54	\$47.63	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1911								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$56.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$114.64	\$56.73	\$0.00	\$13.30	\$15.74	\$0.00	\$20.87	\$0.70	\$6.65	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.57	\$0.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.13	\$1.13								
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	\$20.33	\$2.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$134.97	\$58.96	\$0.00	\$13.52	\$16.15	\$0.00	\$38.34	\$0.70	\$6.65	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$88.40									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Taylor County Health Care Prvdr ID: 00432924A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: Qtrly BIMS score		N/A 44.2%	18.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.2388 1.5604	1.3617 1.5438	
			Nurse Hours per On-Site Day/Quality Incentive:		2.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5891	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,923.72	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	23,918									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	10.96 (FRV)	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gwnth Allwnc %	\$19.14	\$10.27	\$0.00	\$2.70	\$2.85	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.65	\$66.19	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5891								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.64	\$105.18	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$24.42	\$6.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.06	\$111.50	\$0.00	\$17.61	\$18.75	\$0.00	\$38.84	\$2.87	\$10.96	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.72									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: The Bell-Minor Home, Inc. Prvdr ID: 00059397A </div> <div> <div> Add-on Data and Percentages </div> <div> Facility Score N/A Add-on Percent 18.37% Growth Allowance: 31.3% Qtrly BIMS score: 3.05 Nurse Hours per On-Site Day/Quality Incentive: 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4312 Quarterly Medicaid CMI: 1.7953 Qtrly Mcaid CMI w RUG Wght Options: 1.8311 </div> <div> Facility Specific 1.4312 1.7953 1.8311 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY13 C/R	\$5,675,335	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$1,020,033	\$133,682	\$1,224,837	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstms	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,551
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days								34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4312								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.32	\$43.97	\$0.00	\$13.54	\$17.90		\$23.46	\$3.89	13.68 (FRV)	\$1.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.17	\$8.08	\$0.00	\$2.49	\$3.29	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.49	\$52.05	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8311								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.75	\$95.31	\$0.00	\$16.03	\$21.19	\$0.00	\$27.77	\$3.89	\$13.68	\$1.88
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng 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	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.25	\$101.08	\$0.00	\$16.25	\$21.60	\$0.00	\$44.87	\$3.89	\$13.68	\$1.88
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 * Ln 23) * 0.75	\$139.61									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Center for Advanced Rehab @ Parkside		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083102A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2877	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		2.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.9000	1.5438	
										1.9379	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148.00	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239		(\$79,976)	\$2,664
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021	\$494,152	\$1,050,949	\$148,372	\$976,988	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days									43,354	
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$188.06	\$94.82	\$0.00	\$11.23	\$20.95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2877								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.13	\$71.51	\$0.00	\$11.23	\$20.95		\$20.56	\$3.42	24.38 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.83	\$13.14	\$0.00	\$2.06	\$3.85	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.96	\$84.65	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$24.38	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9379								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$164.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.35	\$164.04	\$0.00	\$13.29	\$24.80	\$0.00	\$24.34	\$3.42	\$24.38	\$0.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$4.92	\$4.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$277.00	\$168.96	\$0.00	\$13.51	\$25.21	\$0.00	\$41.44	\$3.42	\$24.38	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Fountainview Ctr for Alzheimer's Disease		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00421429A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:				1.2118	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	90.5%	5.5%	Quarterly Medicaid CMI:				1.5056	1.5438
					4.22	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5312	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180.00	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,822
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$179.08	\$83.48	\$0.00	\$23.10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2118								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.20	\$68.89	\$0.00	\$18.41	\$21.89		\$20.56	\$3.30	14.03 (FRV)	\$4.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.84	\$12.66	\$0.00	\$3.38	\$4.02	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.04	\$81.55	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5312								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.36	\$124.87	\$0.00	\$21.79	\$25.91	\$0.00	\$24.34	\$3.30	\$14.03	\$4.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.87	\$6.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
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	\$28.66	\$11.15	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.02	\$136.02	\$0.00	\$21.79	\$26.32	\$0.00	\$41.44	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.44									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Lodge Prvdr ID: 00142381A H/B ?: No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 35.7% Nurse Hours per On-Site Day/Quality Incentive: 4.56		Facility Score: N/A	Add-on Percent: 18.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4841 Quarterly Medicaid CMI: 1.8076 Qtrly Mcaid CMI w RUG Wght Options: 1.8430			Facility Specific: 1.4841 1.8076 1.8430	State-wide: 1.3617 1.5438 1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				1	1	2	1	1	1			
Type of Facility within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
Peer Group Standards: Percentile				90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier				100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)				\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem Costs and Add-ons												
GL-PL- Insurance Costs				FY2018 GL-PL Ins. Rpt						\$ 87,427		
Total Nursing Facility Days GL-PL Ins. Rpt				FY2018 GL-PL Ins. Rpt						42,182		
Standard Per Diem (After CMA for Routine Svcs)				FY 2012 Peer Group Limit								
Allowed @ 95% of Std				\$160.54	\$67.93	\$17.49	\$21.94		\$19.53		\$33.65	\$0.00
Growth Allowance 18.4%				\$23.31	\$12.48	\$3.21	\$4.03		\$3.59		\$33.65	\$0.00
CMA Allowed Per Diem (After Growth Allowance)				\$185.92	\$80.41	\$20.70	\$25.97		\$23.12	\$ 2.07	\$33.65	\$0.00
Quarterly Facility Case Mix Index for Medicaid Residents					1.8430						(FRV Rate)	
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem					\$148.19							
Quarterly Medicaid CMA Allowed Per Diem				\$253.70	\$148.19	\$20.70	\$25.97		\$23.12	\$2.07	\$33.65	\$0.00
Quarterly Per Diem Add-On Amounts												
BIMS Add-on Per Diem = 2.5% o Routine Svcs)				\$3.70	\$3.70							
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%				\$4.45	\$4.45							
Nursing Home Provider Fee				\$17.10					17.10			
Total Quarterly Per Diem Add-On Amounts				\$25.25								
Quarterly Case Mix Based Per Diem Rate				\$278.95	\$156.34	\$20.70	\$25.97		\$40.22	\$2.07	\$33.65	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%				\$196.39								

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Oaks of Athens Prvdr ID: 00140126A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 18.8% Nurse Hours per On-Site Day/Quality Incentive: 4.06		Facility Score N/A 18.8% 4.06	Add-on Percent 18.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4177 Quarterly Medicaid CMI: 1.4713 Qtrly Mcaid CMI w RUG Wght Options: 1.4985			Facility Specific 1.4177 1.4713 1.4985	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 356,084		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								48,701		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.90	\$1.82
	<u>Allowed @ 95% of Std</u>		\$159.61	\$67.93		\$17.49	\$21.94		\$19.53		\$30.90	\$1.82
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$190.23	\$80.41		\$20.70	\$25.97		\$23.12	\$ 7.31	\$30.90	\$1.82
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4985</u>							(FRV Rate)	
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$120.49								
	Quarterly Medicaid CMA Allowed Per Diem		\$230.31	\$120.49		\$20.70	\$25.97		\$23.12	\$7.31	\$30.90	\$1.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.61	\$3.61								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.71									
	Quarterly Case Mix Based Per Diem Rate		\$251.03	\$124.11		\$20.70	\$25.97		\$40.22	\$7.31	\$30.90	\$1.82
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.45										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks - Bethany (Vidalia)				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>		<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00140258A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:		1.4603	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Qtrly BIMS score: 36.1%		36.1%	2.5%	Quarterly Medicaid CMI:		1.6874	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.36		3.36	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.7174	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531.00	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)		(\$32,151)	\$30,614
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113	\$552,132	\$954,176	\$404,204	\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7.14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	\$3.02	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.40	\$10.04	\$0.00	\$2.70	\$3.70	\$0.00	\$2.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7174								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.31	\$111.08	\$0.00	\$17.42	\$23.86	\$0.00	\$19.10	\$7.14	\$13.19	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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 Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.05	\$117.72	\$0.00	\$17.64	\$24.27	\$0.00	\$36.57	\$7.14	\$13.19	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks at Limestone, 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: 00141743A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.5724	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		52.2%	5.5%	Quarterly Medicaid CMI:			1.6373	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.85	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6646	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050.00	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,533							34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0.00	\$15.86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$65.51	\$0.00	\$15.86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$3.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$22.96	\$12.03	\$0.00	\$2.91	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.20	\$77.54	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6646								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.73	\$129.07	\$0.00	\$18.77	\$27.33	\$0.00	\$24.34	\$7.17	\$17.53	\$3.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
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	\$27.53	\$10.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.26	\$139.28	\$0.00	\$18.99	\$27.33	\$0.00	\$41.44	\$7.17	\$17.53	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks at Scenic View				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00178307A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.5260			1.5260	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 4.08		Qtrly BIMS score: 15.8%		15.8%	0.0%	Quarterly Medicaid CMI: 1.7311			1.7311	1.5438
				Nurse Hours per On-Site Day/Quality Incentive: 4.08		4.08	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7630			1.7630	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$8,083,419.00	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260								
10	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
11	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11.56	\$2.24
12	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
13	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.92	\$10.63	\$0.00	\$2.51	\$4.00	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.79	\$68.47	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7630								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.03	\$120.71	\$0.00	\$16.17	\$25.75	\$0.00	\$24.34	\$7.67	\$10.15	\$2.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.88	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$228.91	\$124.86	\$0.00	\$16.39	\$26.16	\$0.00	\$41.44	\$7.67	\$10.15	\$2.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.86									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.2854	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		54.3%	5.5%	Quarterly Medicaid CMI:				1.6604	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		3.83	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6924	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985.00	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2854								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78 (FRV)	\$2.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.34	\$8.65	\$0.00	\$2.80	\$3.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.62	\$55.73	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6924								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.21	\$94.32	\$0.00	\$18.03	\$20.04	\$0.00	\$24.34	\$1.61	\$14.78	\$2.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.19	\$5.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$26.28	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.49	\$102.87	\$0.00	\$18.25	\$20.45	\$0.00	\$41.44	\$1.61	\$14.78	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Oaks of Carrollton			<u>Add-on Data and Percentages</u>		<u>Facility 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		18.37%	Base Period Overall CMI: 1.5821				1.5821	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score 10.0%		0.0%	Quarterly Medicaid CMI: 1.5766				1.5766	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 3.93		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6072				1.6072	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555.00	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$46,635)	(\$3,973)	\$0	\$0	(\$1,599)	(\$3,386)	(\$34,759)		(\$88,849)	\$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days								14,492		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16.16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5821								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.29	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	22.24 (FRV)	\$5.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.89	\$10.90	\$0.00	\$2.97	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.18	\$70.25	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6072								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.84	\$112.91	\$0.00	\$19.13	\$27.33	\$0.00	\$24.34	\$6.97	\$22.24	\$5.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.24	\$3.92	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.08	\$116.83	\$0.00	\$19.35	\$27.33	\$0.00	\$41.44	\$6.97	\$22.24	\$5.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.24									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4214				1.4214	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.37		Qtrly BIMS score: 30.6%	2.5%	Quarterly Medicaid CMI: 1.4183				1.4183	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4456				1.4456	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,709,219.00	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	9.18 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.19	\$9.77	\$0.00	\$2.98	\$2.94	\$0.00	\$3.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4456								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.43	\$90.99	\$0.00	\$19.18	\$18.96	\$0.00	\$22.56	\$7.32	\$9.18	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see 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	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.73	\$2.73								
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	\$23.63	\$5.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.06	\$96.52	\$0.00	\$19.40	\$19.37	\$0.00	\$40.03	\$7.32	\$9.18	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Place at Martinez				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142535A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:			1.3341	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		40.4%		2.5%	Qtrly Mcaid CMI w RUG Wght Options:			1.3446	1.5438	
				4.45		2.0%				1.3673	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064.00	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$47,334
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.78	\$84.56	\$0.00	\$17.29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	10.09 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Gnwth Allwnc %	\$21.14	\$11.64	\$0.00	\$3.18	\$3.50	\$0.00	\$2.82	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.03	\$75.03	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3673								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.59	\$102.59	\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([IStd - Alwd] x .75, up to max, or 0)	(see 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	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	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	\$23.24	\$5.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.83	\$107.73	\$0.00	\$20.69	\$22.96	\$0.00	\$35.63	\$7.18	\$10.09	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: The Retreat Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142733A		Case Mix Per Diem Rate Effective Date: 1/1/2021	Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.0648				1.3617			
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score 25.6%	1.0%	Quarterly Medicaid CMI: 1.0162				1.5438				
		Nurse Hours per On-Site Day/Quality Incentive: 3.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0262				1.5713				
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375.00	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241		(\$8,976)	\$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.54	\$84.65	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0262								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.76	\$86.87	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
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	\$20.60	\$3.48	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.36	\$90.35	\$0.00	\$34.50	\$27.32	\$0.00	\$41.44	\$2.52	\$7.94	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.45									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Thomasville Nurs. & 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: 00277604A		Growth Allowance:		N/A	18.37%	Base Period Overall CMI:				1.5025	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021		Qtrly BIMS score		29.2%	1.0%	Quarterly Medicaid CMI:				1.5865	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		2.88	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6152	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R - FY 2018 GL-PL Rpt	\$2,738,554.35	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days								17,102		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18.47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5025								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.20	\$0.00	\$18.47	\$18.54		\$26.56	\$0.60	\$22.15	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.32	\$7.75	\$0.00	\$3.38	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.59	\$49.95	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6152								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.32	\$80.68	\$0.00	\$21.79	\$21.95	\$0.00	\$24.34	\$0.60	\$9.36	\$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)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.27	\$3.76	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.59	\$84.44	\$0.00	\$21.79	\$22.36	\$0.00	\$41.44	\$0.60	\$9.36	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.62									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Thomson Health & Rehab Prvdr ID: 00143261A				<u>Add-on Data and Percentages</u>	<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Growth Allowance: N/A Qtrly BIMS score 49.4%	N/A	18.37%	Base Period Overall CMI: 1.1378 Quarterly Medicaid CMI: 1.3511				1.3617	1.5438
Nurse Hours per On-Site Day/Quality Incentive:				4.38	4.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3725	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,744,749.00	\$2,887,297	\$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8	Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	\$2.36	\$13.64	\$0.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.23	\$10.62	\$0.00	\$2.98	\$3.14	\$0.00	\$2.49	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.23	\$68.41	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3725								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.71	\$93.89	\$0.00	\$19.20	\$20.23	\$0.00	\$16.03	\$2.36	\$8.43	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.16	\$5.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.55	\$9.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.26	\$103.34	\$0.00	\$19.42	\$20.64	\$0.00	\$33.50	\$2.36	\$8.43	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.37									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Thunderbolt Transitional Care and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00727801A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.5802				1.5802	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.31		Qtrly BIMS score 27.7%	1.0%	Quarterly Medicaid CMI: 1.5912				1.5912	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6194				1.6194	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,904,994.00	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$14,266)	\$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days								45,494		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29.40	\$2.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3.79	\$29.40	\$2.27
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.01	\$45.18	\$0.00	\$14.06	\$16.16		\$20.56	\$3.79	17.99 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$8.30	\$0.00	\$2.58	\$2.97	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.64	\$53.48	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6194								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.77	\$86.61	\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.50	\$90.61	\$0.00	\$16.86	\$19.54	\$0.00	\$41.44	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.55									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Tifton Health and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143294A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.4355	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	35.7%	Quarterly Medicaid CMI:				1.5916	1.5438	
					3.03	Qtrly Mcdai CMI w RUG Wght Options:				1.6191	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,499,668.45	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstm'ts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$13.98	\$11.73	(with L&H)	\$25.54	\$0.09	\$8.65	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4355								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8.65	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.80	\$9.30	\$0.00	\$2.57	\$2.15	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127.63	\$59.90	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6191								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.71	\$96.98	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	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	\$23.59	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.30	\$102.84	\$0.00	\$16.77	\$14.29	\$0.00	\$41.44	\$0.09	\$11.90	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Tower Road Healthcare		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00083003A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.4452				1.4452	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 2.67		Qtrly BIMS score: 27.0%	1.0%	Quarterly Medicaid CMI: 2.0667				2.0667	1.5438	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 2.1079				2.1079	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435.35	\$3,614,570	\$0	\$652,801	\$289,111	\$444,765	\$1,459,904	\$56,650	\$290,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)		(\$54,872)	\$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PL Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1.36	\$5.86	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.38	\$11.27	\$0.00	\$2.98	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.09	\$72.60	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		2.1079								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$153.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.52	\$153.03	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59								
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	\$24.38	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$257.90	\$159.68	\$0.00	\$19.42	\$21.99	\$0.00	\$41.44	\$1.36	\$12.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.60									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Townsend Park H & R			<u>Add-on Data and Percentages</u>			Facility <u>Score</u>	Add-on <u>Percent</u>	<u>Case Mix Index (CMI) Data</u>			Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: 00404995A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3657			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qtrly BIMS score: 41.6%			2.5%		Quarterly Medicaid CMI: 1.3343			1.5438	
			Nurse Hours per On-Site Day/Quality Incentive: 3.54			4.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3554			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,890,696.39	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$149,130	\$167,177	\$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
8	Total Nursing Facility Days As Filed Days = 28,961 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	28,961							41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20.79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3657								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2.88	\$15.93	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20.79		\$20.56	\$2.88	12.40 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.84	\$11.35	\$0.00	\$2.89	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.55	\$73.12	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3554								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.54	\$99.11	\$0.00	\$18.60	\$24.61	\$0.00	\$24.34	\$2.88	\$12.40	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Snd - 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	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	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	\$24.70	\$6.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.24	\$106.08	\$0.00	\$18.82	\$25.02	\$0.00	\$41.44	\$2.88	\$12.40	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.61									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Traditions Health & Rehab Prvdr ID: 00143701A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Growth Allowance: N/A Qtrly BIMS score: 50.9%		N/A	18.37%	Base Period Overall CMI: 1.2904 Quarterly Medicaid CMI: 1.7459 Qtrly Mcaid CMI w RUG Wght Options: 1.7761				1.2904	1.3617
			Nurse Hours per On-Site Day/Quality Incentive: 3.88		3.88	5.5%					1.7459	1.5438
						3.0%					1.7761	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760.37	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$43,619)	(\$784)	\$0	\$0	\$0	\$0	(\$42,835)		(\$86,651)	\$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	\$9.84	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60.77	\$0.00	\$14.02	\$15.73		\$14.69	\$2.81	9.39 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.33	\$11.16	\$0.00	\$2.58	\$2.89	\$0.00	\$2.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.18	\$71.93	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7761								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.00	\$127.75	\$0.00	\$16.60	\$18.62	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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 Svcs)	Ln 19 Col b x CPS Add-on	\$7.03	\$7.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.83	\$3.83								
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	\$12.39	\$11.39	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.39	\$139.14	\$0.00	\$16.82	\$19.03	\$0.00	\$17.76	\$2.81	\$9.39	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.79									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Treutlen County 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: 00143349A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.5628			1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Qtrly BIMS score: 42.9%		2.5%		Quarterly Medicaid CMI: 1.5528			1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.60		5.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5825			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762.44	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2.70	\$9.29	\$0.24
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5628</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.44	\$9.08	\$0.00	\$3.23	\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.63	\$58.50	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5825</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.71	\$92.58	\$0.00	\$20.80	\$21.59	\$0.00	\$24.34	\$2.70	\$12.46	\$0.24
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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Svcs)	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	\$25.20	\$7.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.91	\$100.05	\$0.00	\$21.02	\$22.00	\$0.00	\$41.44	\$2.70	\$12.46	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.11									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Twin Fountains Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide		
Prvdr ID: 00142843A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:			1.0956	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qltry BIMS score	48.6%	5.5%	Quarterly Medicaid CMI:			1.0003	1.5438	
					3.22	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.0120	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364.00	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12.17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$85.49	\$0.00	\$32.79	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20.56	\$1.63	10.53 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.54	\$13.14	\$0.00	\$3.38	\$2.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.65	\$84.65	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0120								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.67	\$85.67	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - 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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.71	\$4.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.79	\$7.28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.46	\$92.95	\$0.00	\$21.79	\$14.82	\$0.00	\$41.44	\$1.63	\$10.53	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 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		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2778				1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 25.5%		1.0%		Quarterly Medicaid CMI: 1.6269				1.5438
				5.35		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6554				1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275.00	\$2,616,768	\$0	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)		(\$15,041)	\$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.88	\$11.52	\$0.00	\$4.85	\$3.04	\$0.00	\$3.47	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6554								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.46	\$122.91	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69								
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	\$23.55	\$5.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.01	\$128.36	\$0.00	\$31.49	\$20.01	\$0.00	\$39.85	\$2.15	\$18.90	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.93									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Twin View Health Care Prvdr ID: 00040807A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.2% Nurse Hours per On-Site Day/Quality Incentive: 3.16 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.6863 Qtrly Mcaid CMI w RUG Wght Options: 1.7179 </div> <div> Facility Specific State-wide 1.2987 1.3617 1.6863 1.5438 1.7179 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,496,357.69	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,732 As Filed Days = 37,192	38,732									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0.89	\$8.13	\$0.81
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2987</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19 (FRV)	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$12.34	\$6.12	\$0.00	\$1.80	\$2.27	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$88.40	\$39.43	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7179</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.71	\$67.74	\$0.00	\$11.60	\$14.60	\$0.00	\$13.88	\$0.89	\$7.19	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Atwd) x .75, up to max, or 0)	(see 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 Svcs)	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 Svcs)	Ln 19 Col b x Sfng Add-on	\$2.03	\$2.03								
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	\$21.34	\$3.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$138.05	\$70.98	\$0.00	\$11.82	\$15.01	\$0.00	\$31.35	\$0.89	\$7.19	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.71									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Union County Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143415A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.1218		1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		41.5%		2.5%		Quarterly Medicaid CMI: 1.2212		1.5438		
				3.95		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.2431		1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,735.96	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$189,908)	(\$59,584)	\$0	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days	As Filed Days = 53,965										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,874										
		FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$163.97	\$86.83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	\$2.27	\$9.90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1218								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	\$9.90	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	11.71 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.07	\$13.14	\$0.00	\$4.34	\$3.84	\$0.00	\$3.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.53	\$84.65	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2431								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.11	\$105.23	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.62	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.73	\$111.02	\$0.00	\$28.18	\$25.17	\$0.00	\$41.38	\$2.27	\$11.71	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.97									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: University Nursing and Rehab Center Pvdr ID: 00140533A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.7% Nurse Hours per On-Site Day/Quality Incentive: 3.53 </div> <div> Facility Score Add-on Percent 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4327 Quarterly Medicaid CMI: 1.6819 Qtrly Mcaid CMI w RUG Wght Options: 1.7136 </div> <div> Facility Specific 1.4327 1.6819 1.7136 </div> <div> State-wide 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
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 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327								
11	Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.70	\$13.47	\$0.00	\$2.76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.36	\$86.78	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7136								
18	Qtrly Routine Svcs Case Mix Adjstjd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.29	\$148.71	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.48	\$153.17	\$0.00	\$18.01	\$20.13	\$0.00	\$45.53	\$0.33	\$7.45	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.29									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data

FINAL

<div> <div> Provider: University Nursing and Rehab Center Prvdr ID: 00140533A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.7% Nurse Hours per On-Site Day/Quality Incentive: 3.53 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4327 Quarterly Medicaid CMI: 1.6819 Qtrly Mcaid CMI w RUG Wght Options: 1.7136 </div> <div> Facility Specific: 1.4327 1.6819 1.7136 </div> <div> State-wide: 1.4014 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
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 FY 14 C/R - FY 18 GL-PL Rpt	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.4327								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.70	\$13.47	\$0.00	\$2.76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.36	\$86.78	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.7136								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	\$148.71									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.29	\$148.71	\$0.00	\$17.79	\$19.72	\$0.00	\$28.43	\$0.33	\$7.45	\$0.86
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.49	\$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245.48	\$153.17	\$0.00	\$18.01	\$20.13	\$0.00	\$45.53	\$0.33	\$7.45	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.29									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Vista Park 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: 00142931A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.4571	1.3617	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 01/01/21		BIMS:	40.6%	Quarterly Medicaid CMI:			1.4767	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		3.35	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5013	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 159,341		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								43,250		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.42
	<u>Allowed @ 95% of Std</u>		\$149.08	\$67.93		\$17.49	\$21.94		\$19.53		\$21.77	\$0.42
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$176.07	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.68	\$21.77	\$0.42
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.5013</u>							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$120.72								
	Quarterly Medicaid CMA Allowed Per Diem		\$216.38	\$120.72		\$20.70	\$25.97		\$23.12	\$3.68	\$21.77	\$0.42
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$3.02	\$3.02								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.41	\$2.41								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.53									
	Quarterly Case Mix Based Per Diem Rate		\$238.91	\$126.15		\$20.70	\$25.97		\$40.22	\$3.68	\$21.77	\$0.42
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.36										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Warm Springs Med. Ctr. NH		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141952A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score		N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:		1.1001	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		38.2%	2.5%	3.44	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.1150	1.5438	
										1.1312	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,845,929.50	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)		\$298,258	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,828,695	\$1,710,029	\$0	\$566,162	\$325,090	\$388,274	\$515,177	\$25,705	\$298,258	\$0
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstml to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstml to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$20.58	\$25.93		\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.84	\$10.38	\$0.00	\$3.78	\$4.24	\$0.00	\$3.44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.95	\$66.87	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1312								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.72	\$75.64	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
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	\$22.38	\$4.69	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.10	\$80.33	\$0.00	\$24.58	\$27.33	\$0.00	\$39.63	\$0.97	\$10.26	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Warner Robins Rehab & Nursing Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141303A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: Qtrly BIMS score	N/A	18.37%	Base Period Overall CMI: Quarterly Medicaid CMI:				1.5459	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		36.8%	2.80	2.5%	Qtrly Mcaid CMI w RUG Wght Options:				1.6725	1.5438
				2.0%							1.7034	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$6,541,365.15	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days								39,637		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72	\$3.33	\$13.36	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5459								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56		\$20.56	\$3.33	8.28 (FRV)	\$1.43
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.30	\$8.30	\$0.00	\$2.81	\$3.41	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.98	\$53.50	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7034								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.61	\$91.13	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.82	\$1.82								
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	\$22.36	\$4.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.97	\$95.76	\$0.00	\$18.35	\$22.38	\$0.00	\$41.44	\$3.33	\$8.28	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.40									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Warrenton 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: 00142645A			Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI: 1.3956				1.3956	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score 30.4%		30.4%	2.5%	Quarterly Medicaid CMI: 1.5827				1.5827	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.98		2.98	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6127				1.6127	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244.06	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11.63	\$1.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.69	\$9.90	\$0.00	\$2.76	\$3.75	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.53	\$63.77	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6127								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.60	\$102.84	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$2.57	\$2.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sftng 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	\$24.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.89	\$109.03	\$0.00	\$17.99	\$24.58	\$0.00	\$38.59	\$0.58	\$7.95	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.09									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Washington County ECF		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143481A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.2193	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	39.6%	Quarterly Medicaid CMI:				1.1756	1.5438	
					3.65	Qtrly Mcaid CMI w RUG Wght Options:				1.1940	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,156.54	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2193								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68	\$1.17	\$5.51	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87 (FRV)	\$0.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.69	\$11.99	\$0.00	\$4.68	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$77.26	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1940								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.36	\$92.25	\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.93	\$5.61	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.29	\$97.86	\$0.00	\$30.37	\$27.33	\$0.00	\$41.44	\$1.17	\$9.87	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.39									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Waycross 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: 00143459A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance:	N/A	Base Period Overall CMI:				1.2974	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	28.3%	Quarterly Medicaid CMI:				1.4006	1.5438	
					3.28	Qtrly Mcaid CMI w RUG Wght Options:				1.4251	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,599.55	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7.87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	\$7.87	\$0.72
13	Per Diem Standards (Alter Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66	\$50.94	\$0.00	\$15.80	\$15.26		\$16.88	\$3.61	7.45 (FRV)	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.36	\$0.00	\$2.90	\$2.80	\$0.00	\$3.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.82	\$60.30	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4251								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.45	\$85.93	\$0.00	\$18.70	\$18.06	\$0.00	\$19.98	\$3.61	\$7.45	\$0.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
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	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.52	\$89.90	\$0.00	\$18.92	\$18.47	\$0.00	\$37.45	\$3.61	\$7.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.57									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: WellStar Paulding Nursing Center Prvdr ID: 00142359A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.9% Nurse Hours per On-Site Day/Quality Incentive: 4.46 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 5.5% 4.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.0621 Quarterly Medicaid CMI: 1.0399 Qtrly Mcaid CMI w RUG Wght Options: 1.0505 </div> <div> Facility Specific: 1.0621 1.0399 1.0505 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	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 FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913.00	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	\$2,188,701	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	\$0
8	Total Nursing Facility Days As Filed Days = 63,718 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	63,718							61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$249.45	\$102.77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.88	8.43 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.13	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0505								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.40	\$88.92	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.89	\$4.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
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	\$8.45	\$8.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.85	\$97.37	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$2.88	\$8.43	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.14									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Westbury H & R - Conyers, Inc		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143503A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		Base Period Overall CMI: 1.2886				1.2886	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive: 3.64		Qtrly BIMS score 49.2%		Quarterly Medicaid CMI: 1.4858				1.4858	1.5438	
						Qtrly Mcaid CMI w RUG Wght Options: 1.5148				1.5148	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204.00	\$4,760,679	\$0	\$991,199	\$601,647	\$631,055	\$1,039,305	\$143,697	\$579,622	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$226,908)	(\$33,605)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50	\$2.52	\$8.86	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2886								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.25	\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	9.90 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.30	\$12.13	\$0.00	\$3.28	\$4.04	\$0.00	\$2.85	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.55	\$78.15	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5148								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.78	\$118.38	\$0.00	\$21.13	\$26.05	\$0.00	\$18.35	\$2.52	\$9.90	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.51	\$6.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$28.69	\$10.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.47	\$128.97	\$0.00	\$21.35	\$26.46	\$0.00	\$35.82	\$2.52	\$9.90	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.03									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Westbury H & R-McDonough, 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: 00143525A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		18.37%		Base Period Overall CMI:		1.2827	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		53.2%		5.5%		Quarterly Medicaid CMI:		1.3712	1.5438	
				4.76		3.0%		Qtrly Mcaid CMI w RUG Wght Options:		1.3964	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469.00	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								\$2,298		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20.44	\$22.19	(with L&H)	\$14.03	\$2.45	\$11.55	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0.00	\$18.41	\$22.19		\$14.03	\$2.45	9.42	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.93	\$11.89	\$0.00	\$3.38	\$4.08	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.53	\$76.63	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3964								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.91	\$107.01	\$0.00	\$21.79	\$26.27	\$0.00	\$16.61	\$2.45	\$9.42	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.51	\$9.63	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.42	\$116.64	\$0.00	\$21.79	\$26.68	\$0.00	\$34.08	\$2.45	\$9.42	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Westbury Medical Care Home, Inc.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143514A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI:				1.1885	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 46.7%	5.5%	Quarterly Medicaid CMI:				1.5896	1.5438	
				3.81	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6211	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,695,334.00	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)		(\$97,556)	\$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1885								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3.37	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.20	\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	10.79 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.47	\$10.75	\$0.00	\$2.69	\$3.10	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.67	\$69.28	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6211								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.70	\$112.31	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.18	\$6.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.18	\$10.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.88	\$122.39	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.34									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY13 Cost Report Data**

FINAL

<div> <div> Provider: Westminister Commons Prvdr ID: 00140082A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.5% Nurse Hours per On-Site Day/Quality Incentive: 2.77 </div> <div> Facility Score Add-on Percent 18.37% 5.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.4290 Qtrly Mcaid CMI w RUG Wght Options: 1.4534 </div> <div> Facility Specific 1.3564 1.4290 1.4534 </div> <div> State-wide 1.3699 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	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 FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$0	\$0	\$0	\$0	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2.43
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81 (FRV)	\$2.43
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allownc %	\$21.31	\$10.70	\$0.00	\$2.53	\$3.77	\$0.00	\$4.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.86	\$68.96	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4534								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.13	\$100.23	\$0.00	\$16.31	\$24.28	\$0.00	\$27.77	\$4.30	\$7.81	\$2.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$25.77	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.90	\$108.27	\$0.00	\$16.53	\$24.69	\$0.00	\$44.87	\$4.30	\$7.81	\$2.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.85									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Westview 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: 00143536A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3807	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score		35.2%	2.5%	Quarterly Medicaid CMI:			1.9071	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive:		3.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.9446	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits <i>Peer Group Standards: Percentile</i> <i>Peer Group Standards: Multiplier</i> <i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367.00	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,760							26,696		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.67	\$64.85	\$0.00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3807								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$17.63	\$8.63	\$0.00	\$2.48	\$3.06	\$0.00	\$3.46	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.02	\$55.60	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$1.20
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.9446								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.54	\$108.12	\$0.00	\$15.97	\$19.72	\$0.00	\$22.27	\$3.12	\$11.14	\$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>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.57	\$6.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.11	\$114.59	\$0.00	\$16.19	\$20.13	\$0.00	\$39.74	\$3.12	\$11.14	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

<div> <div> Provider: Westwood (University Extended Care) Prvdr ID: 00219359A </div> <div> Case Mix Per Diem Rate Effective Date: 1/1/2021 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 43.7% Nurse Hours per On-Site Day/Quality Incentive: 3.59 </div> <div> Facility Score: N/A Add-on Percent: 18.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3761 Quarterly Medicaid CMI: 1.5328 Qtrly Mcaid CMI w RUG Wght Options: 1.5599 </div> <div> Facility Specific: 1.3761 1.5328 1.5599 </div> <div> State-wide: 1.3617 1.5438 1.5713 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$8,260,037.13	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days As Filed Days = 51,167	FY12 Audited C/R Days	51,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days								50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3761</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.39	\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.49	\$13.03	\$0.00	\$2.99	\$3.32	\$0.00	\$3.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.88	\$83.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5599</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.88	\$130.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$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	\$3.27	\$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.74	\$7.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.62	\$138.59	\$0.00	\$19.46	\$21.78	\$0.00	\$37.77	\$3.61	\$16.41	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.39									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Westwood Nursing 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: 00370862A				Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3746	1.3617	
H/B ?: No				Case Mix Per Diem Rate Effective Date: 01/01/21		BIMS	45.8%	Quarterly Medicaid CMI:			1.5982	1.5438	
				MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:	4.39	2.0%			Qtrtry Mcaid CMI w RUG Wght Options:	1.6233	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
Cost Center Peer Groups per Selected Options													
Type of Facility within Peer Group													
Bed Size Range within Peer Group													
Peer Group Standards & Efficiency Measure Limits													
Peer Group Standards: Percentile													
Peer Group Standards: Multiplier													
Efficiency Measures (Maximums)													
Base Period Per Diem Allowed Amounts													
Net Historical Cost 2010													
FY2010 C/R -FY 2018 GL-PL Rpt													
Inflation (July 2012) @ 2.06%													
Patient Days													
FY 2010 Cost Rpt													
Total Nursing Facility Days GL-PL Ins. Rpt													
FY 18 GL-PL Ins Rpt Days													
Inflated NHC/ Patient Days													
Base Period Facility CMI for all Residents													
Routine Services Case Mix Adjusted Net Per Diem													
Net Per Diems After Case Mix Adjustments													
Per Diem Standards													
Base Period Case Mix Adjusted Allowed Per Diem													
Quarterly Per Diem Rate Prior to Add-Ons													
Growth Allowance 18.37%													
CMA Allowed Per Diem After Growth Allowance													
Quarterly Facility Case Mix Index for Medicaid Residents													
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem													
Quarterly Medicaid CMA Allowed Per Diem													
Quarterly Per Diem Add-On Amounts													
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)													
BIMS Add-on Per Diem = 5.5% (to Routine Svcs)													
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%													
Nursing Home Provider Fee													
Total Quarterly Per Diem Add-On Amounts													
Quarterly Case Mix Based Per Diem Rate													
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%													

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Wildwood Health Care, Inc.			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143547A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A		Base Period Overall CMI: 1.3013		1.3013		1.3617
			MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Qtrly BIMS score 31.0%		Quarterly Medicaid CMI: 1.4431		1.4431		1.5438
			Nurse Hours per On-Site Day/Quality Incentive: 3.82			3.82		Qtrly Mcaid CMI w RUG Wght Options: 1.4692		1.4692		1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487.43	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days								15,434		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.05	\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23 (FRV)	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.20	\$10.18	\$0.00	\$3.37	\$3.96	\$0.00	\$3.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.25	\$65.61	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4692								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.03	\$96.39	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.72	\$5.83	\$0.00	\$0.04	\$0.41	\$0.00	\$17.44	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.75	\$102.22	\$0.00	\$21.77	\$25.92	\$0.00	\$41.23	\$0.58	\$9.23	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.49									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: William Breman Jewish Home			<u>Add-on Data and Percentages</u>			Facility <u>Score</u>	Add-on <u>Percent</u>	<u>Case Mix Index (CMI) Data</u>			Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: 00040752A			Growth Allowance: N/A			55.9%	18.37%	Base Period Overall CMI: 1.4004			1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qtrly BIMS score			5.5%	5.5%	Quarterly Medicaid CMI: 1.5397			1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 6.07			4.0%	4.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5623			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,554,994.00	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$146,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)		(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394	\$0	\$1,472,041	\$624,620	\$494,569	\$1,477,657	\$144,781	\$530,827	\$37,330
8	Total Nursing Facility Days As Filed Days = 33,439 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,439							33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$281.33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15.87	\$1.12
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4004</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44.02	\$33.47		\$44.19	\$4.31	\$15.87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5623</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.95	\$132.25	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$7.27	\$7.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>4.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$5.29	\$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	\$29.66	\$12.56	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$268.61	\$144.81	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$4.31	\$27.81	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.63									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

Provider: Willowwood Nursing Center Prvdr ID: 00271829A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS 44.4% Nurse Hours per On-Site Day/Quality Incentive: 3.52		Facility Score N/A 44.4% 3.52	Add-on Percent 18.37% 2.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.1879 Quarterly Medicaid CMI: 1.8105 Qtrly Mcaid CMI w RUG Wght Options: 1.8466			Facility Specific 1.1879 1.8105 1.8466	State-wide 1.3617 1.5138 1.5405
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
Cost Center Peer Groups per Selected Options				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 2010				FY2010 C/R -FY 2018 GL-PL Rpt	1,595,445	413,205	205,765	267,259	616,206	78,669	380,009	18,585
Inflation (July 2012) @ 2.06%					32,866	8,512	9,744		12,694			383
Patient Days				FY 2010 Cost Rpt	35,750	35,750	35,750		35,750		35,750	35,750
Total Nursing Facility Days GL-PL Ins. Rpt				FY 18 GL-PL Ins Rpt Days								
Inflated NHC/ Patient Days					45.55	11.80	13.50		17.59	31,254	10.63	0.53
Base Period Facility CMI for all Residents					1.1879					2.52		
Routine Services Case Mix Adjusted Net Per Diem					\$38.34							
Net Per Diems After Case Mix Adjustments					\$94.91	\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.53
Per Diem Standards					\$72.49	\$17.69	\$23.20		\$21.80			
Base Period Case Mix Adjusted Allowed Per Diem					\$92.28	\$11.80	\$13.50		\$17.59	\$2.52	7.99	0.53
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 18.37%					\$14.92	\$7.04	\$2.17	\$2.48	\$3.23			
CMA Allowed Per Diem After Growth Allowance					\$107.19	\$45.39	\$13.96	\$15.98	\$20.82	\$2.52	\$7.99	\$0.53
Quarterly Facility Case Mix Index for Medicaid Residents						1.8466						
Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem						\$83.82						
Quarterly Medicaid CMA Allowed Per Diem					\$145.62	\$83.82	\$13.96	\$15.98	\$20.82	\$2.52	\$7.99	\$0.53
Quarterly Per Diem Add-On Amounts												
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)					\$1.53	\$0.53	\$0.22	\$0.41	\$0.37			
BIMS Add-on Per Diem = 2.5% (to Routine Svcs)					\$2.10	2.10						
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%					\$2.51	2.51						
Nursing Home Provider Fee					\$ 17.10				\$ 17.10			
Total Quarterly Per Diem Add-On Amounts					\$23.24							
Quarterly Case Mix Based Per Diem Rate					\$168.86	\$88.96	\$14.18	\$16.39	\$38.29	\$2.52	\$7.99	\$0.53
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%					\$113.82							

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Windemere Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide	
Prvdr ID: 00241678A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:		1.5761	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 38.2%		38.2%	2.5%	Quarterly Medicaid CMI:		1.6440	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive: 3.24		3.24	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.6748	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,691,497.00	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstnts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51		\$25.38	\$0.10	\$5.39	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56	\$0.10	9.32 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.00	\$9.33	\$0.00	\$2.78	\$2.11	\$0.00	\$3.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.68	\$60.13	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6748								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.26	\$100.71	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Sfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.79	\$5.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.05	\$105.77	\$0.00	\$18.15	\$14.03	\$0.00	\$41.44	\$0.10	\$9.32	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Winder Nursing, 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: 00142854A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.3615				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 30.4%	2.5%	Quarterly Medicaid CMI: 1.3493				1.5438		
				3.76	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3715				1.5713		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$7,471,546.00	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0.00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3615</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	\$9.68	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16 (FRV)	\$0.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$19.29	\$10.09	\$0.00	\$2.82	\$3.06	\$0.00	\$3.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$65.02	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$0.37
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3715</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.57	\$89.17	\$0.00	\$18.19	\$19.74	\$0.00	\$21.42	\$2.52	\$11.16	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$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	\$23.54	\$5.44	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.11	\$94.61	\$0.00	\$18.41	\$20.15	\$0.00	\$38.89	\$2.52	\$11.16	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.76									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Winthrop Manor 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: 00143118A			Growth Allowance:		N/A	18.37%	Base Period Overall CMI:			1.3379	1.3617	
Case Mix Per Diem Rate Effective Date: 1/1/2021			Qltry BIMS score		23.6%	1.0%	Quarterly Medicaid CMI:			1.5195	1.5438	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive:		4.02	3.0%	Qltry Mcaid CMI w RUG Wght Options:			1.5449	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$5,202,363.87	\$2,864,962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,426)	\$0	\$0	\$0	\$227	\$0	(\$24,653)		(\$33,959)	\$33,959
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
8	Total Nursing Facility Days	As Filed Days = 35,374										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,215										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14.83	\$18.49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3379</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	\$10.53	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	10.26 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$20.52	\$11.12	\$0.00	\$2.72	\$3.40	\$0.00	\$3.28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.34	\$71.65	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5449</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.38	\$110.69	\$0.00	\$17.55	\$21.89	\$0.00	\$21.16	\$2.87	\$10.26	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	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 Svcs)	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 Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.44	\$115.65	\$0.00	\$17.77	\$22.30	\$0.00	\$38.63	\$2.87	\$10.26	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.51									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Wood Dale 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: 00143591A			Case Mix Per Diem Rate Effective Date: 1/1/2021			Growth Allowance: N/A	18.37%	Base Period Overall CMI: 1.2524			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20			Nurse Hours per On-Site Day/Quality Incentive: 2.22			Qtrly BIMS score 42.4%	2.5%	Quarterly Medicaid CMI: 1.1485			1.5438	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1638			1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033.00	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)		(\$683)	\$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	\$2,417,583	\$0	\$470,330	\$287,471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
8	Total Nursing Facility Days As Filed Days = 29,208	FY12 Audited C/R Days	29,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$143.86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10.43	\$0.08
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2524</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	9.64 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>18.37%</u>	Ln 14 x Grwth Allwnc %	\$21.38	\$12.14	\$0.00	\$2.96	\$3.40	\$0.00	\$2.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$78.23	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1638</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.58	\$91.04	\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
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	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem : <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$1.82	\$1.82								
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	\$22.73	\$4.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.31	\$95.67	\$0.00	\$19.28	\$22.33	\$0.00	\$36.03	\$0.28	\$9.64	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.66									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data**

FINAL

Provider: Woodlands 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: 00141985A		Case Mix Per Diem Rate Effective Date: 1/1/2021		Growth Allowance: N/A		N/A	18.37%	Base Period Overall CMI:		1.1917	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		30.9%	2.5%	Quarterly Medicaid CMI:		1.3489	1.5438	
				Nurse Hours per On-Site Day/Quality Incentive:		3.94	2.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.3699	1.5713	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052.00	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,457
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days								41,847		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13.37	\$1.29
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1917								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.68	\$8.88	\$0.00	\$2.59	\$3.13	\$0.00	\$3.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.93	\$57.23	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3699								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.10	\$78.40	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see 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	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
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	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.26	\$82.46	\$0.00	\$16.93	\$20.58	\$0.00	\$37.32	\$0.53	\$5.15	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.37									

**Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY14 Cost Report Data**

FINAL

<div> <div> Provider: Woodstock Nursing and Rehab Center Prvdr ID: 00171212A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.0% Nurse Hours per On-Site Day/Quality Incentive: 3.24 2.0% </div> <div> Facility Score Add-on Percent 18.37% 2.5% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5030 Quarterly Medicaid CMI: 1.7195 Qtrly Mcaid CMI w RUG Wght Options: 1.7509 1.5713 </div> <div> Facility Specific State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	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												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444	\$2,454,523	\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)		(\$358)	\$18,837
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,837
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21.28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.12	\$0.00	\$15.78	\$17.36		\$30.75	\$4.54	\$21.28	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.54	\$71.12	\$0.00	\$15.78	\$17.36		\$24.02	\$4.54	8.90	\$0.82
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.56	\$13.06	\$0.00	\$2.90	\$3.19	\$0.00	\$4.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.10	\$84.18	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7509								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.31	\$147.39	\$0.00	\$18.68	\$20.55	\$0.00	\$28.43	\$4.54	\$8.90	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.68	\$3.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.95	\$2.95								
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	\$24.89	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$254.20	\$154.55	\$0.00	\$18.90	\$20.96	\$0.00	\$45.53	\$4.54	\$8.90	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.83									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY12 Cost Report Data

FINAL

Provider: Wrightsville Manor				Facility Score		Add-on Percent		Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143602A				Growth Allowance: N/A		18.37%		Base Period Overall CMI: 1.2201			1.2201	1.3617
Case Mix Per Diem Rate Effective Date: 1/1/2021				Qtrly BIMS score 38.5%		2.5%		Quarterly Medicaid CMI: 1.6158			1.6158	1.5438
MDS & Nurse Hrs Data per Quarter Ending: 09/30/20				Nurse Hours per On-Site Day/Quality Incentive: 4.18		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6455			1.6455	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	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												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$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 FY12 C/R -FY 2018 GL-PL Rpt	\$4,150,140.00	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.50	\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	10.01 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.27	\$9.78	\$0.00	\$2.75	\$2.67	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.77	\$63.01	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6455								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.44	\$103.68	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.77	\$109.91	\$0.00	\$17.92	\$17.59	\$0.00	\$30.81	\$3.75	\$10.01	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.25									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Wynfield Park Health & Rehab Prvdr ID: 00141512A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 29.4% Nurse Hours per On-Site Day/Quality Incentive: 3.42			Facility Score N/A 29.4% 3.42	Add-on Percent 18.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.2181 Quarterly Medicaid CMI: 1.4213 Qtrly Mcaid CMI w RUG Wght Options: 1.4433			Facility Specific 1.2181 1.4213 1.4433	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile		90.0%	90.0%	90.0%	85.0%			50.0%			
	Peer Group Standards: Multiplier		100.0%	100.0%	100.0%	100.0%			105.0%			
	Efficiency Measures (Maximums)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 176,326		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								63,305		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.23
	<u>Allowed @ 95% of Std</u>		\$153.75	\$67.93		\$17.49	\$21.94		\$19.53		\$25.63	\$1.23
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$179.85	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.79	\$25.63	\$1.23
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4433							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.05								
	Quarterly Medicaid CMA Allowed Per Diem		\$215.49	\$116.05		\$20.70	\$25.97		\$23.12	\$2.79	\$25.63	\$1.23
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% o Routine Svcs)		\$1.16	\$1.16								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.48	\$3.48								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.74									
	Quarterly Case Mix Based Per Diem Rate		\$237.24	\$120.70		\$20.70	\$25.97		\$40.22	\$2.79	\$25.63	\$1.23
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165.10										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 40.0% Nurse Hours per On-Site Day/Quality Incentive: 3.47			Facility Score N/A	Add-on Percent 18.37% 2.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3617 Quarterly Medicaid CMI: 1.3015 Qtrly Mcaid CMI w RUG Wght Options: 1.3225			Facility Specific Use Stwd 1.3015 1.3225	State-wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 63,806		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.28
	<u>Allowed @ 95% of Std</u>		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.28
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Allowance)		\$194.82	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.99	\$36.35	\$5.28
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3225							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$106.34								
	Quarterly Medicaid CMA Allowed Per Diem		\$220.75	\$106.34		\$20.70	\$25.97		\$23.12	\$2.99	\$36.35	\$5.28
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% o Routine Svcs)		\$2.66	\$2.66								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.13	\$2.13								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.89									
	Quarterly Case Mix Based Per Diem Rate		\$242.64	\$111.13		\$20.70	\$25.97		\$40.22	\$2.99	\$36.35	\$5.28
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$169.15										