	vider: A.G. Rhodes Home - Cobb, Inc.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvo	dr ID: 00493292A			wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.4016	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score	33.3%	2.5%			Medicaid CMI:		1.6051	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.79	3.0%	Ortrly Moaid	CMI w RUG V	Nght 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
			а	b	С	д	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS			-	! !					i		
1	Cost Center Peer Groups	(see Policy Manual)		· 1	1	2	1	. 1	. 1			
	Type of Facility within Peer Group	(0001 000)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	. All Facilities	. i		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
1	Peer Group Standards & Efficiency Measure Limits			-	:	. '			:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
3,	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		. \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
i i	Base Period Per Diem Allowed Amounts					:						
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)	C.	(\$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			:				: 1		
.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,825	FY 18 GL-PL Ins Rpt Days			:	i (:	24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$76.55	:							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	1
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	\$0.31
. !	Quarterly Per Diem Rate Prior to Add-ons			-							(FRV)	!
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 Otr End	\$170.04	1,6362	. 40.00	ΨΣ1.73	421.40	\$0.00	924.34		\$15.51	. 30.31
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.50	:							l I
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 ([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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$3.46	\$3.46	. φυ.υυ	40.00	90.00	. 40.00	. \$0.00		\$0.00	i
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srycs)	Ln 19 Col b x Stfng Add-on	\$4.16	\$4.16		:						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	! .		! !
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	50.00	\$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	6400.00	 	l .	<u> </u>		i	-		7-2171	
20	wasterly net break tale for bed note and Leave Days	(LB 20 - LB 20) U.70	\$180.08									

	ovider: A.G. Rhodes Home at Wesley Woods, Inc. vdr ID: 00040818A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 54.6% 4.64	Add-on Percent 18.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.4319 1.9420 1.9810	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	e	f	g	. 9	ħ	i
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Typa of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bod Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	· · ·	50.0% 105.0% \$0.37			:
	Base Period Per Diem Allowed Amounts			-		1						
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$248,833)	(\$97,239)	\$0	(\$24,371)	\$4,671	\$2,981	(\$159.894)	į ir ir	\$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 Adjstmt to Routine Srvcs	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		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12					:			l .
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	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	\$0.26
	Quarterly Per Diem Rate Prior to Add-ons					:					(FRV)	•
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)	էո 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		1						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$167.69		1				. :		•
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 ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$9.22	\$9.22								1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03		1			;	:		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	į		
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					 		<u> </u>		

Provide Prvdr II			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1,3781	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score	44.3%	2.5%			Medicaid CMI:		1.6568	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	4.11	3.0%	Ortrly Moaid	CMI w RUG 1	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
			а	b	С	ď	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS		•									
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	· 2 .	1	. 1	1			l
	Type of Facility within Peer Group	(aca : oney monday		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			!
	Bed Size Range within Poer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1			
Pec	er Group Standards & Efficiency Measure Limits											
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			I
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
Bas	se Period Per Diem Allowed Amounts									1		
5 A	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)	ıı i	(\$15,506)	\$13,591
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765		\$1,616,906		\$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		:		1			-	47,335		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20.65	\$26.79		\$33,80	\$0.00	\$6.48	\$0.28
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	I
14 B	lase 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	\$0.28
0	arterly Per Diem Rate Prior to Add-ons					•					(FRV)	
	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Aliwnc %	\$24.54	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.22	\$84.65	\$0.00	\$21.79	\$27.33			\$0.00	\$16.83	\$0.28
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6882	4 0.00	U Z 1.70	Ψ27.00	. 40.00	. 42-1.04	30.00	\$10.05	. JU.20
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142,91					1			
19 C	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
0	arterly Per Diem Add-on Amounts											
	ifficiency Add-on Per Diem ((Stad - 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		60.00	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.57	\$3.57	φ0,00		φυ. συ	. 20,00	. 40.00		\$0.00	
	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.29	\$4,29								
	Jursing Home Provider Fee	(Fixed Amount)	. \$17.10	i 47.29		:		i	\$17.10	1		
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.96	\$7,86	\$0.00	\$0.00	\$0.00	\$0.00	i	\$0.00	\$0.00	\$0.00
	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$258.44	\$150.77	\$0.00	\$21.79	\$27.33	\$0.00	······································	\$0.00	\$16.83	\$0.28
		4 - 25 1 - 2011 25		¥	+2.00	¥2	42.100	40.00) 471.77	90.00	\$10.03	30.20
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.01									

	rovider: Abercorn Rehabilitation Center rvdr ID: 00083025A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 40.4% 2.96	Add-on <u>Percent</u> 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI		Facility Specific 1.5995 1.6471 1.6779	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					:				:		
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bad Sizes	1 All Facilities All Bed Sizes			:
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					!				1		!
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	4		(\$63,055)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	* ' ' '	\$183,582		\$1,014,452	*	\$94,092	\$66,591
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214				,,	:	: • .,,	1	4- 1,50	400,007
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-Pt. Ins Rpt Days			:	:			:	30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31,49		\$2.92	\$2.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5995		1					4	42.101
- 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.11		:						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Rouline Stress)	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
. 45	Quarterly Per Diem Rate Prior to Add-ons	1-11-0-4-11										
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.97	\$10.31	\$0.00		\$2.85	\$0.00	\$3.78		N/A	N/A
: 16 : 17	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 QIr End Ln 16 x Ln 17		<u>1.6779</u>								
. 19		RS = Ln 18, AllOthr = Ln 16	\$188.82	\$111,45 \$111,45	\$0.00	\$19.55	\$18.35	\$0.00	\$24.34	\$3.36	\$9.70	\$2.07
		•	V100.01	• • • • • • • • • • • • • • • • • • • •	. 40.00	\$15.00	\$10.55	. 40.00	; 424.04	90.00	\$9.70	\$2.07
20	Quarterly Per Diem Add-on Amounts	(ago Poliny Manual)	04.40			•••						ş.
20		(see Policy Manual) En 19 Col b x CPS Add-on	\$1.16 \$2.79	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
22		Ln 19 Col b x Sting Add-on	\$2.79 \$2,23	\$2.79 \$2.23		1		:	:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.23 ; \$17.10 .	92.23		· :		1		! :		
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	
-	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.10	\$5.55 \$117.00	\$0.00 S0.00	\$0.22	\$0.41	\$0.00	\$17.10	÷	\$0.00	\$0.00
<u> </u>				\$111.00	30.00	\$19.77	\$18.76	, 30.00	\$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									

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 34.2% 3.69	Add-on Percent 18.37% 2.5% 2.0%	2 8 80	Quarteri	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.6994 1.7322	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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$142.60 \$23.31 \$167.97	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.7322 \$139.28	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$15.71 \$15.71 \$15.71 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% o Routine Srysi		\$226.84 \$3.48	\$139.28 \$3.48		\$20.70	\$25.97		\$23.12	\$2.06	\$15.71	\$0.00
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$2.79 \$17.10 \$23.37	\$2.79					17.10			
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										

Provider:	Altamaha Healthcare Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		-	Facility Specific	State- wide
Prvdr ID:	00140027A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		wth Allowance: trly BIMS score uality Incentive:	N/A 22.0% 3.10	18.37% 1.0% 3.0%	Ortrly Mcaid		d Overall CMI Medicaid CMI Wght Options		1.4937 1.5314 1.5576	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
<u>:</u>	· · · · · · · · · · · · · · · · · · ·		; a	ь	С	d	е	f	g	g	h	i
CASE M	IIX BASED RATE CALCULATIONS								:			
1 Cost C	Center Peer Groups	(see Policy Manual)		1	1	2	1	1		i		
	Type of Facility within Peer Group Bed Size Range within Peer Group	,,,,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer G	Group Standards & Efficiency Measure Limits		:			1		:		:		
	Group Standards: Percentile Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%	1		
4 Effici	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	,		
Base F	Period Per Diem Allowed Amounts		:							. !		
	iled Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$2,496,153.00	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	St
6 Audit	t Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4.855		\$4,790	\$26,45
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		\$165,138	\$26,45
8 To	otal Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023					1			**********	
To	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9 Net F	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 : Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4937</u>						1		
11 Ro	putine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76				i .				
12 Net F	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
13 Per I	Diern Standards (After Statewide CMA for Routine Srvcs)	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	\$1.20
Quarte	erly Per Diem Rate Prior to Add-ons		:								(FRV)	
15 Grow	vth 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 Qu	uarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.5576		:						
	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.30				i				
19 Quar	terly 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
Quarte	erly Per Diem Add-on Amounts					:		!		:		
	iency 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	
	5 Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.73	\$0.73					:	1	\$5.00	
22 Nurs	e Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20		:		1				
23 Nurs	ing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	:		k
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
25 Quarte	erly 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	·
26 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106,16					2		<u> </u>		<u> </u>

Prov			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvd	dr ID: 00140049A			wth Allowance:	N/A	18.37%			d Overall CMi;		1.1730	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour	Q 's per On-Site Day/Q	trly BIMS score	36.1% 4.11	2.5% 3.0%	Ordeliu Maniel		Medicaid CMI:		1.5531	1.5438
	moo a ribias riis oata per Quarter Crossig.	09/30/20 140/3e 1/0//	s per On-Site Day/Or	waity incentive.	4.11	3.076	Citily Mcalo	CMI W ROG	Wght Options:		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
	·		а	b	С	. d .	е	f	g	. 9	h	i
CA	SE MIX BASED RATE CALCULATIONS	-										
	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	. 1				1
	Type of Facility within Peer Group	face Louch mannal		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	. Il Facilities			
	Bed Size Range within Peer Group			All Bed Sizes			All Bed Sizes	All Bed Sizes				1
	Peer Group Standards & Efficiency Measure Limits											i
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
ı	Base Period Per Diem Allowed Amounts		:	:		:				1		f
5	As Filed Cost Center Costs (Rouline & Special Srvcs 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 Adjstmts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)	1	(\$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		•		1			,	35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25.13	1	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1730		i :			1		•	
11 📒	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62		1			3	١ .		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0.4
13	Per Diern Standards (After Stalewide CMA for Routine Srvcs)	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	\$0.4
10	Quarterly Per Diem Rate Prior to Add-ons	f									(FRV)	r
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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5811	*****		4.0.02		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Ψ10.00	. 40.44
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.74		1		!				
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	\$0.4
	Quarterly Per Diem Add-on Amounts	I						1				, ,
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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37			ψυ.+1	. 40,00			\$0.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cot b x Sting Add-on	\$2.84	\$2.84		1		:				1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$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	\$0.0
25 0	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 1	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.07	! ****		<u> </u>		· •	•	<u> </u>		

Pro	vider: Anderson Mill Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prv	rdr ID: 00140379A			owth Allowance:	N/A	18.37%	***************************************		d Overall CMI:		1.4753	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score		2.5%			Medicaid CMI:		1.7260	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	ırs per On-Site Day/Q	luality Incentive:	3.59	2.0%	Ortrly Meaid	CMI w RUĞ I	Wght Options:		1.7579 -	1.5713
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	- Admin - and	A&G- GL-PL	Property	Taxes
#	Description	Calculations		Services	Services	Dietary	Houskpag	& Maint	General	Insurance	and Related	and Insurance
		****	a	b	С	d	е	f	g	9	h	i
<u>C/</u>	ASE 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		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	1		
	Peer Group Standards & Efficiency Measure Limits								:			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	Ι ,		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	· i	\$0.37			
:	Base Period Per Diem Allowed Amounts									!		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	;
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	50	(\$338,220)	i l	(\$56,913)	\$56,9
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	\$56,9
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357						:	. 1		•
	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 Srvcs	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.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4753	:							
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	. \$52.86	ı							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		. \$52.86	\$0.00	\$13.34	\$15.40	=	\$27.89	\$9.34	\$23.62	\$1.
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	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	\$1.1
	Quarterly Per Diem Rate Prior to Add-ons									.	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.77	\$9,71	\$0.00	\$2.45	\$2.83	\$0.00	\$3.78	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$140.26	\$62.57	\$0.00	\$15.79	\$18.23	\$0.00	\$24.34	\$9.34	\$8.86	\$1.
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7579		1						
18 :	Ortrly Routine Srvcs 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.
-	Quarterly Per Diem Add-on Amounts		•	:	f	*						:
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	į i	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2,75	:	1					23100	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20		1			1			
23	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Lπ 24	\$210.89	\$115.47	\$0.00	\$16.01	\$18.64	\$0.00	\$41.44	\$9.34	\$8.86	\$1.1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.34		<u> </u>							

Quarterly Case Mix Per Diem Calculation

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nur		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 16.1% 4.30	Add-on Percent 18.37% 0.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3334 1.3575	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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$172.42 \$23.31 \$198.75	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.3575 \$109.15	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 3.02	\$39.71 \$39.71 \$39.71 (FRV Rate)	\$5.82 \$5.82
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$227.50 \$0.00 \$3.27 \$17.10 \$20.37	\$109.15 \$0.00 \$3.27		\$20.70	\$25.97		\$23.12 17.10	\$3.02	\$39.71	\$5.82
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										

Provide Prvdr II	1,1, 0	1/1/2021 09/30/20 Nurse Hot		wth Allowance: trly BIMS score	Facility Score N/A 22.7% 2.33	Add-on Percent 18.37% 1.0% 2.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.0796 1.1462 1.1607	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
			а	b	C	ď ·	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS							:				
1 Co	st Center Peer Groups Type of Facility within Peer Group Bod 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 Bod Sizes			:
2 P	er Group Standards & Efficiency Measure Limits der Group Standards: Percentile der Group Standards: Multiplier fficiency Measure Maximums (soe line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amounts					1			:			
5 A	s Filed Cost Center Costs (Routine & Special Srvcs 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 i A	udit Adjustments and Reallocations to Cost Center Costs .	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)	i	(\$14,764)	2
7 1 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	'	\$351,623	. \$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305						1		-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days				:		i	:	36,711		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	I	:		i				1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03	ı			i				
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92	1	\$20.30	\$5.94	\$9.69	\$0.00
13 P	er Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09	İ	\$20.30	\$5.94	28.86	\$0.00
Qu	arterly Per Diem Rate Prior to Add-ons							!	:	}	(FRV)	
15 G	Frowth 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 : C	MA 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 Qlr End	!	1.1607				1	:			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$98.25		: · · · · · · · · · · · · · · · · · · ·		1		,		
19 C	luarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$215.32	\$98.25	\$0.00	\$30.91	\$27.33	\$0.00	\$24.03	\$5.94	\$28.86	\$0.00
Qu	arterly Per Diem Add-on Amounts									. i		
	fficiency Add-on Per Diem ([Stnd - 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	
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98			23,00				45.00	
22 N	furse Staff Hrs / Quality Add-on Per Diern : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,97	\$1.97	:			i	:	. !		
23 N	fursing Home Provider Fee	(Fixed Amount)	\$17,10	_		1		1	\$17.10			
24 T	otal 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 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.78	\$101.20	\$0.00	\$31.13	\$27.33	\$0.00	\$41.32	+	\$28.86	\$0.00
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$164.01		l	· <u>i</u>		-	·			<u> </u>

Provider: Archway Transitional Care Center Prvdr ID: 003185502A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 37.7% 3.19	Add-on Percent 18.37% 2.5% 3.0%	75 1990 - 2000	Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G 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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.95 \$23.31 \$185.09	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2266 \$98.63	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	Arres 2000 (1900)	\$24.20 \$24.20 \$24.20 (FRV Rate)	F 55,000
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$203.31 \$2.47 \$2.96 \$17.10 \$22.52	\$98.63 \$2.47 \$2.96		\$20.70	\$25.97		\$23.12 17.10	\$4.83	\$24.20	\$5.86
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	1 223.00	Ų.34.00		\$20.70	Ψ20.31		940.22	φ 4 .03	\$24.ZU	\$5.00

	rovider: Arrowhead Healthcare rvdr ID: 00143162A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance:	Facility Score N/A 63.0% 3.13	Add-on <u>Percent</u> 18.37% 5.5% 4.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4860 1.9638 2.0021	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	,	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13		per Peer Group Limits	0407.50	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	44.7 0
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>2.0021</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$178.31	\$106.35	#0.00	040.04	#04.00	00.00	#00.40	00.00	#0.05	\$1.72
19	Quarterly Medicaid CMA Allowed Per Diem	KS - LII 16, AllOllii - LII 16	\$176.31	\$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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.85	\$5.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.25	\$4.25								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	#40.00	#0.00	#0.00	60.44	#0.00	\$17.10 \$17.47	#0.00	#0.00	#0.00
24			\$28.73	\$10.63	\$0.00	\$0.22	\$0.41	\$0.00	,	\$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									

Provider: Autumn Breeze Health Care Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00140159A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score uality Incentive:	N/A 31.5% 3.25	18.37% 2.5% 3.0%	Qrtrly Mcaid		f Overall CMI; Medicaid CMI; Nght Options;		1.2569 1.6086 1.6403	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
		а	b	С	d	е	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 Bed Size Range within Peer Group	:		All Facilities All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			·		* * * * * * * * * * * * * * * * * * *		i				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0%			
	(see Folicy Manual)	:	\$0.03	\$0.00	30.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts			:		1				į .		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915.00	\$2,871,125	\$0	1 1 1	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	: \$
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)	\$0		\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,55
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	\$35,55
8 Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532					:	i			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days				1		;	!	33,023		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	£n 7 / £n 8 Col a from 4 qtrs of FY12	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.0
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	1.2569		1			i			
12 Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.19					:		4	
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$58,19	\$0.00 \$0.00	The second secon	\$14.36		\$21.88	\$1,88	\$15.84	\$1.0
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$119.57	\$71.51 \$58.19	\$0.00	A Company of the Comp	\$23.09		\$20.56	\$0.00	N/A	
Super Character Manager Control of Control		2115.57	φ30.19	\$0.00	\$14,74	\$14.36	\$	\$20.56	\$1.68	8.84 (FRV)	\$1.0
Quarterly Per Diem Rate Prior to Add-ons	•							1		1,,,,,	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.82	\$10.69	\$0.00		\$2.64	\$0.00	\$3.78	N/A	N/A	N//
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	\$1.0
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Ortrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End		<u>1.6403</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$183.49	\$112.98 \$112.98	\$0.00	\$17.45	\$17.00	\$0.00	£04.94	. 64.00	60.04	***
1		. 9103.49	\$112.90	\$0.00	\$17.43	\$17.00	. 20,00	\$24.34	\$1.88	\$8.84	\$1.0
Quarterly Per Diem Add-on Amounts		:			1		:				
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	1 :	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.82	\$2.82				:	i			
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$3.39	\$3.39				:				
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Las 20 thru 23	\$17.10	60 74	ėn ee	£0.00			\$17.10		.	
		\$24.47	\$6.74	\$0.00	·	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
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	\$1.0
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

Provider: Autumn Lane		Add on Dat	ta and Percentages	Facility Score	Add-on Percent		Case Mix Index	(CMI) Data		Facility Specific	State- wide
Prydr ID: 00082992A		Add-011 Dat	Growth Allowance:			0				23.50	
	04/04/04			N/A	18.37%			iod Overall CMI:		1.2897	1.3617
Gust Mix For Bleff Hate Effective Bute.	01/01/21		BIMS:	33.3%	2.5%			ly Medicaid CMI:		1.3026	1.5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 No	urse Hours per On-Site	Day/Quality Incentive:	3.42	3.0%	Qrtrly M	caid CMI w RU	G Wght Options:		1.3252	1.5713
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	q	TRINGPINES!	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options			1	1	2	1	1	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				A BAR SAN DATES				- III 200 01200			
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			ψ0.00	Ψ0.00	90.22	\$0.41		\$0.57			
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 55.587		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt	92.							20.097		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lim		\$71.51		\$18.41	\$23.09		\$20.56	20,097	\$33.41	\$0.6
Allowed @ 95% of Std	1 1 2012 1 cci Group Lilli	\$160.91	\$67.93		\$17.49	\$23.09		\$19.53		\$33.41	7.7.5
Growth Allowance 18 4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59		φ33.41	\$0.0
CMA Allowed Per Diem (After Growth Alowance)		\$186.99	\$80.41		\$20.70	\$25.97		\$23.12		\$33.41	\$0.61
Quarterly Facility Case Mix Index for Medicaid Residents		\$100.55	1.3252		Ψ20.70	\$20.51		\$23.12	Φ 2.11	(FRV Rate)	φ0.01
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$106.56							(FRV Rate)	
		0040.44			****	****				12000000	
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			22.22								
BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$2.66	\$2.66								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.20	\$3.20					9550-200			
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										

	rovider: Avalon Hith. & Re	hab		Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Case	Mix Index (C	MI) Data		Facility Specific 1.1537	State- wide 1.3617
	00142001A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	57.5% 3.89	5.5% 2.0%	Qrtrly Mcaid	Quarterly N	Medicaid CMI: Wght Options:		1.4478 1.4694	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
C	ASE MIX BASED RATE CAL	CULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Grou		(occ i olioy manda)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficien Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Nultiplier Efficiency Measure Maximums (s		(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed A	mounts											
5	As Filed Cost Center Costs (Rout	tine & Special Srvcs 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 Reallocation	ons to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adj		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	FY12 Audited C/R Days	28,784									
	Total Nursing Facility Days GL-F	·	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix A	•	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 Case Mix Ir		from 4 qtrs of FY12 Ln 9 / Ln 10		1.1537								
11 12	Routine Srvcs Case Mix Adjstd Net Per Diems after Case Mix Adj	, ,	RS = Ln 11, AllOthr = Ln 9		\$69.43 \$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$0.87
13	Per Diem Standards (After Statewid		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	φυ.ο/
14	Base Period Case Mix Adjusted A	·	Lesser of Ln 12 or Ln 13	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99	\$0.87
	Quarterly Per Diem Rate Prior to			ψ100.02	ψ00.40	ψ0.00	ψ14.20	ψ10.00		ψ10.00	ΨΣ.33	(FRV)	ψο.σ1
15	Growth Allowance Percentage =	18.37%	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 Grow	vth 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 Case Mix Inde	x for Medicaid Residents	per Current Qtr End		1.4694								
18	Ortrly Routine Srvcs Case Mix A	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 Amou	unts											
20	Efficiency Add-on Per Diem ([Stnd	d - Alwd] x .75, up to max, or 0)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.64	\$6.64								
22		Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10	4				4	\$17.10			
24	,		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 Di	em 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									

Provider: Azalea Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00059441A			wth Allowance:	N/A	18.37%			i Overall CMI:		1.5985	1.3617
Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	35.3%	2.5%			Medicald CMI;		1.7795	1.5438
MDS & Nuise His Data per Quarter Ending:	09/30/20 Nuise Hou	rs per On-Site Day/Q	Bality Incentive:	3.29	2.0%	Ortrly Meaid	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	ь	С	ď	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	1				1				! .		!
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	:		i
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%	1		
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	: "		
Base Period Per Diem Allowed Amounts									: :		
5 As Filed Cost Center Costs (Routine & Special Styce 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	\$
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)	i i	(\$41,835)	\$39,60
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	\$39,60
8 Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831							1		1
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 Adjstmt to Routine Srvcs	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	\$1.2
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5985</u>						:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$47.67		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.2
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	1
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	\$1.2
Quarterly Per Diem Rate Prior to Add-ons			:		: :					(FRV)	
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	\$1.2
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8143		1			1			
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£л 16 x Ln 17		\$102.38		: '			!			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$172.82	\$102.38	\$0.00	\$16.99	\$15.81	\$0.00	\$24.34	\$0.10	\$11.96	\$1.2
Quarterly Per Diem Add-on Amounts					1			!			
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56		1			1	: '	+3.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05						1		
23 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	\$0.0
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + โภ 24	\$195.69	\$107.52	\$0.00	\$17.21	\$16.22	\$0.00	\$41.44	\$0.10	\$11.96	\$1.2
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$133.94					·	 	!		

	ovider: Azalea Health & Rehabilitation vdr ID: 00141963A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 39.3% 2.97	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3435 1.4815 1.5070	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	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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											
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
-		(see I only Manual)		ψ0.55	ψ0.00	ψ0.22	ψυ. 41		ψ0.07			
_	Base Period Per Diem Allowed Amounts	A. Elled EMA O/D EMANA OLD DI Des	40.400.040.70	* 4 *** **	**	*****	\$400 7 07	****	****	A405 700	4400.047	•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,162,616.72	\$1,603,561	\$0 \$0	\$369,394	\$169,767 \$0	\$239,686	\$480,884	\$105,708	\$193,617	\$0 \$24,478
6	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$37,086) \$3,125,531	\$0 \$1,603,561	\$0 \$0	\$0 \$369,394	\$169,767	(\$203) \$239,483	(\$36,883) \$444,001	\$105,708	(\$24,478) \$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469	ψ1,000,001	ΨΟ	φοσο,σστ	ψ100,707	Ψ200,400	Ψ+++,001	ψ100,700	ψ100,100	ΨΣ4,470
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days	20,100							27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5070</u>								
18	Qrtrly Routine Srvcs 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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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									

Pr	ovider: Azalealand Nursing Home vdr ID: 00141237A H/B ?: No Case Mix Per Diem Rate Effective Date:	01/01/21 09/30/20 Nurs		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 53.3% 3.15	Add-on Percent 18.37% 5.5% 4.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		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	С	d	е	f	g		h	i
CAS	E 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		
1 1	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
	Allowed @ 95% of Std		\$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 Alowance)		\$170.50	\$80.41		\$20.70	\$25.97		\$23.12	\$ 1.77	\$17.05	\$1.48
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.7324</u>							(FRV Rate)	
	Ortly 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		ΨΕΕ5.05	ψ100.00		Ψ20.70	Ψ20.07		Ψ20.12	\\ \\ \\ \	ψ17.00	ψ1.40
	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	ψ3.37					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	, , , , , , , , , , , , , , , , , , ,	Ţ.3 2.00			7_5.5.		*	Ţ	Ţ 	70

	rovider: Bainbridge Health Care rvdr ID: 00258915A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin			wth Allowance:	Score N/A 45.0% 3.30	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.2138 1.8891 1.9256	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
CA	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,126							04.707		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	Ln 7 / Ln 8 Col a	0407.00	#50.04	#0.00	044.00	044.00	6W- 1.01D	#44.00	24,797	#40.00	#0.00
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12	\$107.90	\$52.04 1.2138	\$0.00	\$11.60	\$14.96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12		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 Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	ψ0.00
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	\$0.60
	·		, , , , ,	•	,	,	,		,	,	(FRV)	,
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	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	\$2.75 \$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	\$109.00	1.9256	φυ.υυ	\$13.73	φ17.71	φυ.υυ	φ17.54	φ1.00	φ1.01	φ0.00
18	Qrtrly Routine Srvcs 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 ([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 Srv	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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									

	vider: Baptist Village, Inc. dr ID: 00140203A			wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overall CMI	•	Facility Specific 1.1403	State- wide 1.3617
	Case Mix Per Diern Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q urs per On-Site Day/Q	trly BIMS score uality Incentive:	32.1% 4.62	2.5% 3.0%	Ortrly Meaid	Quarterly ! CMI w RUG !	Medicaid CMI Mght Options		1.4364 1.4637	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
:			а	, b	С	d	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS					1 1 1		!				
1 .	Cost Center Peer Groups	(see Policy Manual)		. 1	1	. 2	1					
	Type of Facility within Peer Group	(665 / 675) Midridary		All Facilities	All Facilities		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			
: 1	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		. 90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)	r	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		r
	Base Period Per Diem Allowed Amounts		i			1			5	!		
5	As Filed Cost Center Costs (Routine & Special Sives 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	1		(\$33,528)	1 -
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0		* -	\$1,382,872	, , , , , , , , , , , , , , , , , , , ,		\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093	,	•	1 - 1 - 1	4,		4,,,,,,,,,,	1 4.04,470	40-77-00	900,423
	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 Srvcs	Ln 7 / Ln 8 Cot a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	1	\$9.96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.1403	*****	-	423.10	. (4	Ψ5.50	\$0.42
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$75.86		1		:		1 -		1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 13, 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 Stres)	per Peer Group Limits	ı	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56		N/A	50.42
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.01	\$71.51	\$0.00	* ;	\$23.09	:	\$20.00	•	19.25	\$0.42
٠.,	Overstadu Dan Diam Bata Batanda Add ann					1 1	*	1	V	, ,	(FRV)	Ψ0.72
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										ı
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwing 76	\$24.43	\$13.14	\$0.00	\$3.38	\$4.24	\$0.00	\$3.67		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	cn 14 + Ln 15	\$178.44	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$23.67	\$1.33	\$19.25	\$0.42
. 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4637		:		}				Ì
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$217.69	\$123.90 \$123.90	\$0.00	#D4 70	£07.00				*	
	addition, incondition only (moreon at oldin	110 - Eli 10, Kilosii - Eli 10	. \$217.09	\$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 ((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	1
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.10	\$3.10					i			•
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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 Davs	(Ln 25 + Ln 23) * 0.75	\$168.66	:		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>:</u>	<u> </u>		

	rovider: Bayview Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Pr	rvdr ID: 00624951A	Alalanas		wth Allowance:	N/A	18.37%			d Overall CMI:		1.3673	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	ں rs per On-Site Day/Q	trly BIMS score	58.3% 4.75	5.5% 3.0%	Orthy Mesid		Medicaid CMI: Woht Options:		1.4933 1.5220	1.5438
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o par on one boyra	ousky mocharc.	4.70	3.078	Qitily Mcald	CIVII W ROG	wygnt Options.		1.5220	1.5713
Line #	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	. g	. g .	h	i
C	ASE MIX BASED RATE CALCULATIONS								-	:		
-	Cast Center Peer Groups	(D-(
. '	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2 Free Standing	1	1	1			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bod Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					:						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1 :		
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	;							1			
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$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		\$50,140	\$293,016	\$44,833
8	Total Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789		**		4175,000	. 4277,773		400,140	Ψ235,010	\$44,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days				1				21,900		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	•		•			1		\$2.10
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$56.24					-			!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = 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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	42
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	į	\$16.61	\$2.29	35.12	\$2.16
1	Quarterly Per Diem Rate Prior to Add-ons	•				: 1		:	1	1	(FRV)	
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	. New i		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.06	\$66,57	\$0.00	\$20.44	\$23.82		\$19.66	N/A \$2,29	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ψ170.00	1.5220	\$0.00	\$20.44	\$23.02	; \$0.00	319.00	. \$2,29	\$35.12	\$2.16
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101,32		:				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.81	\$101.32	\$0.00	\$20.44	\$23.82	\$0.00	\$19.66	\$2.29	\$35.12	\$2.16
	Overteely Day Niew Add A				•						400.1 E	Ψ2.10
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x. 75, up to max, or 0)	(see Policy Manual)	64.50	. to ro	60.00				;			
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$5.57	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$5.57 \$3.04	\$5.57 \$3,04					:	: ;		
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.04 \$17,10	\$ 3,04		. :		! !		•		
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	\$17.10 \$17.47		***	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.05	\$110.46	\$0.00	\$20.66		 	•	\$0.00	\$0.00	\$0.00
			\$232.U3	\$1 IU.4b	\$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									

Provider: Berrien Nursing Center Prodr ID: 00143382A		Add-on Data and	Percentages with Allowance:	Facility <u>Score</u> N/A	Add-on Percent 18.37%	Cas	se Mix Index (C Base Period	:MI) Data I Overali CMI:		Facility Specific 1.3657	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho	Q urs per On-Site Day/Q	trly BIMS score uality Incentive:	36.1% 3.78	2.5% 3.0%	Ortrty Moaid	Quarterly N I CMI w RUG V	Medicaid CMI: Vght Options:		1.6048 1.6332	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
:		а	b	С	d	е	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	(see Folicy Manuar)		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			
Peer Group Standards & Efficiency Measure Limits	-	:			÷ :		· f				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	*	\$0.37			
Base Period Per Diem Allowed Amounts	•						1				
5 As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$76,686)	(\$6,925)	\$0	\$0	\$0		(\$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		\$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	•					1		35,514		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$51.56						1		!
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.56	\$0.00	\$17,51	\$16.80	1	\$19.91	\$4.34	\$12.08	\$0.9€
13 Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	I .
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	\$0.96
Quarterly Per Diem Rate Prior to Add-ons	•	:					:]	(FRV)	
15 Growth Allowance Percentage # 18.37%	Ln 14 x Grwth Ailwnc %	\$19.44	\$9.47	\$0.00	\$3.22	\$3.09	\$0.00	. 60.00			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.85	\$61.03	\$0.00	\$20.73	\$3.09 \$19.89		\$3.66	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$ 143.05	1.6332	30,00	\$20.73	\$19.09	\$0.00	\$23.57	\$4.34	\$13.33	\$0.96
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.67		1						
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
						•	:		;	\$15.00	40.00
Quarterly Per Diem Add-on Amounts					1						
20 Efficiency Add-on Per Diem {[Stnd - Afwd] x .75, up to max, or 0} 21 BIMS Add-on Per Diem = 2.5% (to Routine Sivs)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	1
		\$2.49	\$2.49		;		:				7 1
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Slfng Add-on (Fixed Amount)	\$2.99	. \$2.99						İ :		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$24.11		\$0.00	60.00	en 11	to 00	\$17.10		**	
, , , , , , , , , , , , , , , , , , , ,		:	\$6.01		· · · · · · · · · · · · · · · · · · ·	\$0.41	-	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	LB 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	:								

Prov	ider. Blue Ridge Healthcare of Buchanan 1r ID: 00142722A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 29.4% 3.22	Add-on <u>Percent</u> 18.37% 1.0% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2328 1.5750 1.6030	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			a	b	С	d ·	6	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS	-	:									
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			!
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	,										
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 : 7 :	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjustmts FY12 Audited C/R	(\$111,122) \$2,602,890	(\$47,291) \$1,355,877	\$0 \$0	(\$3,711) \$276,928	\$1,786 \$146,620	\$5,958 \$160,837	(\$68,967) \$460,426	\$75,853	(\$16,494) \$108,752	\$17,597 \$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686								-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days			;	•			:	18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		; i				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 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 Stvcs)	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 En 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwac %	***	***						: !		
16	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwhic %	\$19.49	\$10.26	\$0.00	\$2.58	\$2.87	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.81	\$66.13 1.6030	\$0.00	\$16.65	\$18.49	\$0.00	\$24.34	\$4.05	\$10.26	\$0.89
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.01		. :				İ		•
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
i id	Quarterly 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 ¹	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	į	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06					. 42.00	-	\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routino Sives)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12		1		!		; i		
23	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	\$9.00	\$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			<u></u>		L				·

Provider: Bolingreen Health & Rehab Prydr ID: 00059485A		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3111	State- wide 1.3617
Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score		1.0%			Medicaid CMI:		1.5714	1.5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	urs per On-Site Day/Qu	uality Incentive:	3.47	3.0%	Qrtrly 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
		а	b	С	d	е	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	(See I only Maridal)		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 Srvcs 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 Adjstmts	(\$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 Srvcs	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		<u>1.3111</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Ortrly Routine Srvcs 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 ([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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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		I .			I .	1	1		
	1										

Provider: Bonterra Nursing Center Prvdr ID: 00140357A	444000		owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overall CMI:		Facility Specific 1.3678	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q Irs per On-Site Day/Q	trly BIMS score uality Incentive:	23.8% 2.70	1.0% 3.0%	Ortrly Moaid		Viedicaid CMI: Vight Options:		1.303 9 1.3239	1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS			•				i				•
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	٠.		
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								i			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0%	:		
	(dea / only manes)		. 30.33	\$0.00	30.22	\$0.41		\$0.37			:
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,520.67		\$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 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	. ,,	(\$475,340)		(\$51,492)	\$84,488
	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 Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 38,641	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	38,644			:			:			:
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a						:	•	38,641		i
10 Base Period Facility Case Mix Adjatini to Roughle Sives	from 4 qlrs of FY12	\$152.99	\$66.19	\$0.00	\$13.72	\$16,07	(with L&H)	\$21.97	\$3.93	\$28.92	\$2,19
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3678 \$48.39								!
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	#40 P7					
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$40.59 \$71.51	\$0.00	\$13.72	\$16.07 \$23.09		\$21,97 \$20,56	\$3.93	\$28.92	\$2.19
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	\$0.00 \$3.93	N/A	
		¥*****	. 415.03	Ψ0.00	\$10.12	Ψ10.07		. \$20.30	\$3.93	9.26 (FRV)	\$2.19
Quarterly Per Diem Rate Prior to Add-ons			:				: !		i	1,,,,,	
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Lл 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) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qir End	\$132.26	\$57.28	\$0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
18 Ortrly Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		1.3239								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$150.81	\$75.83 \$75.83	\$0.00	646.04	640.00					
	an in an and a to	φ150.61	. \$15.83 j	Φ 0.00	\$16.24	\$19.02	\$0.00	\$24.34	\$3.93	\$9.26	\$2.19
Quarterly Per Diem Add-on Amounts	1	, !			:						
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	i !
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76		:						ı
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$2.27	\$2.27		<u> </u>						:
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 (hru 23	\$17.10			***			\$17.10			l
		\$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	En 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									*

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 18.7% 3.55	Add-on Percent 18.37% 0.0% 2.0%	-	Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$150.04 \$23.31 \$177.10	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.2884 \$103.60	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	Control Control Control	\$20.20 \$20.20 \$20.20 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$200.29 \$0.00 \$2.07 \$17.10	\$103.60 \$0.00 \$2.07		\$20.70	\$25.97		\$23.12	\$3.75	\$20.20	\$2.95
Total Quarterly Per Diem Add-On Amounts		\$19.17						17.10			
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								1	7=	V

	vider: Brentwood Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prv	dr ID: 00140071A			wth Allowance:	N/A	18.37%			d Overali CMI:		1.3764	1.3617
	Case Mix Per Diern Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q ors per On-Site Day/Q	trly BIMS score uality Incentive:	38.7% 3.29	2.5% 3.0%	Ortrly Moaid	Quarterly i CMI w RUG '	Medicaid CMI: Wght Options:		1.3305 1.3509	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	b	C	d ,	е	f	g	9	h	i
CA	SE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)			1	2	1	. 1	. 1			•
	Type of Facility within Peer Group Bed Size Range within Peer Group	(300) Manual)		All Facilities All Bed Sizes	•	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	· .		
	Peer Group Standards & Efficiency Measure Limits					1						
2	Peer Group Standards: Percentile	(see Policy Manual)	'	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			•
· Įr	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$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							: 1	,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days				1		!		33,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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 qlrs of FY12		<u>1.3764</u>				:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75						:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons					.					(FRV)	:
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.60	\$9.51	\$0.00	\$2.42	\$2.74	\$0.00				
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	\$2.93 \$18.87	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	Ψ120.05	1.3509	\$0.00	\$10.51	\$17.00	20.00	\$10.07	\$2.94	\$9.56	\$0.75
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.76		. :			-	1		
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									1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07	•	: :		,	!		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48		1		•		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			1
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					•	·			

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr	r ID: 00140643A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance; trly BIMS score	N/A 32,9% 3,49	18.37% 2.5% 3.0%	Oddu Macid		d Overall CMI Medicaid CMI	;	1.3878 1.7143	1.3617 1.5438
	the state of the s		and per on one basic	denty incessive.	3.43	3.078	Crimy wicalo	CIVIE W ROG	wynt 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
			а	b	С	d	е	f	. g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups	(see Policy Manual)			. 1	2	1	1		1		
	Type of Facility within Peer Group	(ace i oney wantar)		All Facilities	All Facilities	· -	I All Facilities	All Facilities	: 7 : All Facilities			
	Bed Size Range within Peer Group		;	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Р	eer Group Standards & Efficiency Measure Limits								:			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts					:			•	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	SO
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjatmts	(\$58,995)	(\$449)	\$0	The state of the s	\$0	\$0			(\$45,153)	\$42,980
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0		\$231,953		\$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			V.0.1,010	4201,000	. WESS,004	ψ1,007,003	90,200	\$001,110	\$42,500
	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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	1	\$19,11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.3878		4751	4 10.04	(,, 20,, 4		. 40.23	\$15,11	\$1.24
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$55.74					!	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	41.24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00		\$15.32		\$20.56		12.39	\$1,24
	Incodesta Des Diens Date Date de Add						-				(FRV)	ψ1.Z-1
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %										
	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$19.40	\$10.24	\$0.00	The second secon	\$2.81	\$0.00			N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$138.91	\$65.98	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
18	Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.7452		1			1	1		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.08	\$115.15 \$115.15	60.00	040.50	640.40					
		110 (1110), 11101111 = 211 10	\$ 100,00	\$115.15	\$0.00	\$16.58	\$18.13	\$0.00	\$24.34	\$0.25	\$12.39	\$1.24
	uarterly Per Diem Add-on Amounts		-			:						
	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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88		1			1			
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$3.45	\$3.45	:	;		,				
	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 Q	uarterly 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 O	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.68		V	- -k		·				

Provider:			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
1 1401 10.	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	47.3%	18.37% 5.5%			d Overali CMI Medicaid CMI		1.6087 1.6839	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hot	urs per On-Site Day/Q	vality Incentive:	3.82	2.0%	Ortrly Moaid	CMI w RUG I	Wght Options	:	1.7151	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			, a	ъ	С	d	e	f	g	. g	h	ı
CASE	MIX BASED RATE CALCULATIONS								:			
1 Cost	Center Peer Groups	(see Policy Manual)			1	2	4	. 1				
	Type of Facility within Peer Group	(see I uncy manual)	1	- All Facilities		Free Standing	T All Facilities	: 1 : All Facilities	All Facilities	100		
	Bod Size Range wilhin Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			ſ
Peer	Group Standards & Efficiency Measure Limits			-						1		
	er Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i :	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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 Aud	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528		(\$88,674)	\$88,289
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301		\$231,670	\$88.289
8 1	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672		:	1	. ,				4== 1,0.0	450,20
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days				;				34,336		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71		\$6.68	\$2.55
10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087	:	1				1	73.33	
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$60.34					!			
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25.71	\$0.13	\$6.68	\$2.5
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se 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		10.91	\$2.5
Quar	terly Per Diem Rate Prior to Add-ons										(FRV)	
15 Gro	owth 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 : CM	fA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7151		: i		! !	:			
18 : 0	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122,49						1		
19 Qua	arterly 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
Quar	terly Per Diem Add-on Amounts		:	:) :							•
	iciency 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	1	\$0.00	
	AS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6,74	\$6.74	\$0.00	40.22	Ψ3.41	. 40.00	. 40.00	1	φυ.υυ	
22 Nur	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2,45				!				
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17,10			1			\$17,10	-		:
24 Tot	al 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
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$221.38	\$132.21	\$0.00	\$18.44	\$15.70	\$0.00	\$41.44	· · · · · · · · · · · · · · · · · · ·	\$10.91	\$2.55
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.21		<u></u>	<u>'</u>		<u> </u>		·		
		(60.20 - 60.20) 0.70	\$ 100.Z1									

	Brightmoor Health Care, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvar ID;	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score uality Incentive:	N/A 39.2% 4.95	18.37% 2.5% 3.0%	Ottrly Meaid		I Overall CMI: Medicaid CMI:		1.2636 1.6391 1.6706	1.3617 1.5438
ı	,						Qiary mosto	Plant	***************************************	· · · · · · · · · · · · · · · · · · ·		1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:		-	а	ь	С	d	е	f	g	g	h	i
CASE MIX	X BASED RATE CALCULATIONS	- -										
1 Cost Ce	nter Peer Groups	(see Policy Manual)		. ,	1	2	1					
	ype of Facility within Peer Group	. (see Colcy Manuary		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	· 1 · All Facilities			
: B	ed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Gro	oup Standards & Efficiency Measure Limits	-				1				. 1		
2 Peer G	Froup Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	: :		
	roup Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficien	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Pe	riod Per Diem Allowed Amounts	!									1	
5 As File	d Cost Center Costs (Routine & Special Sives 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	6064 E44	
	djustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)		\$19,202		\$964,511	\$
1	enter Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0		\$561,778	\$705,206	\$904,311	\$94,658	(\$160,912) \$803,599	\$87,99 \$87,99
8 Tota	Norsing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752	• 1, 12,22	45	01,111,040	4501,770	Ψ/ 03,200	3304,311	994,000	\$603,599	\$67,99
Tota	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days	,			1				46,147		
9 Net Pe	r Diems prior to Case Mix Adjstmt to Routine Srvcs	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	e Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636	*		420.00		\$10.5 4	Ψ2.00	\$10.03	φ1.0
11 Rou	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73,26								
12 Net Pe	r Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$73.26	\$0.00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.8
13 Per Die	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	41.0
14 Base F	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	\$1.8
Quarteri	y Per Diem Rate Prior to Add-ons					:					(FRV)	Ψ1.0
	Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.24	*******	60.55							
	Illowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.08	\$13.14 \$84,65	\$0.00 \$0.00	\$3.38	\$4.24	\$0.00	\$3.48	N/A	N/A	N/A
	rterly Facility Case Mix Index for Medicaid Residents	per Current Olr End	\$179.00	1.6706	\$0.00	\$21.79	\$27.33	\$0.00	\$22.42	\$2.05	\$19.00	\$1.8
1	y Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.42								
	rly 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		***	
			02.00.00	\$141.42	φ0.00	321.75	\$27.33	φυ.υυ	\$22.42	\$2.05	\$19.00	\$1.84
	y Per Diem Add-on Amounts					1					,	
	icy Add-on Per Diem ([Strid - 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	
	Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$3.54	\$3.54							l	
	Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.24	\$4,24							i	
	g Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	: :	1	
	tuarterly 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 Quarterl	y 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 Quarterl	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.00			·		<u></u>		<u>.</u>		

	ovider: Brown Health and Rehab odr ID: 00059562A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		wih Allowance: trly BIMS score	Facility Score N/A 46.9% 3,15	Add-on <u>Percent</u> 18,37% 5,5% 3,0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility <u>Specific</u> 1.3805 1.7142 1.7470	State- wide 1.4014 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		1	a	b	С	d	е	1	g		h	ì
<u>CA</u>	SE MIX BASED RATE CALCULATIONS											
1	Cost Cenler Peer Groups Type of Facility wilhin 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											
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$ 0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	C444.000	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$615,487)	\$3,004,712	\$0	\$020,337	\$404,220	\$304,919	(\$615,487)	\$137,630	\$444,802	\$14,91
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	(\$14,918) \$429,884	\$14,91 \$14,91
8	Total Nursing Facility Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086	4-, 1,	**		4.0.,.20	4001,010	\$7,74,014	0.07,000	Q423,004	314,31
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$155.52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3,61	\$11,59	\$0.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,3805			, , , , ,		7		411.55	Ψυ. 1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60,25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0,00	\$16.73	\$19,12		\$20,89	\$3,61	\$11,59	\$0,4
13	Per Diern Standards (After Stalewide CMA for Routine Srvcs)	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 En 12 or En 13	\$138,59	\$60.25	\$0,00	\$16.73	\$19,12		\$20,89	\$3,61	17,59 (FRV)	\$0.4
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Alloward Percentage = 18,4%	Ln 14 x Grwth Allwnc %	\$21.49	\$11.07	\$0.00	\$3.07	\$3.51	\$0.00	\$3,84	N/A	N/A	N//
16	CMA Allowed Per Diem (Alter Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Cir End	\$160.08	\$71,32	\$0.00	\$19.80	\$22.63	\$0.00	\$24,73	\$3,61	\$17.59	\$0,4
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7470</u> \$124.60					İ			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$213.36	\$124.60	\$0.00	\$19.80	\$22.63	\$0.00	\$24.73	\$3.61	\$17.59	\$0.4
	Quarterly Per Dlem 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 Srvs)	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 Stres)	Ln 19 Col b x Sting 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	\$0.0
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	\$0.4
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.11			·	I	·	A	·		

Provider: Brown's Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
Prvdr ID: 00140434A	4144000		wth Allowance:	N/A	18.37%			d Overall CMI:		1.4535	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q s per On-Site Day/Q	trly BIMS score uality Incentive:	27.7% 2.83	1.0% 2.0%	Ortrly Meaid	Quarterly I CMI w RUG !	Medicaid CMI: Waht Ontions:		1.5622 1.5888	1.5438 1.5713
			,			asary mode		right Options.		1.5000	1,5715
Line: Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operators	Admin and	A&G- GL-PL	Property and	Taxes and
	Calculations						& Maint	General		Related	Insurance
		a	<u> </u>	¢	d	е	<u>f</u>	g	<u>.</u> 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	1		
Peer Group Standards & Efficiency Measure Limits	•				1			:			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 Eniciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts			-		1				:		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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					1				
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 Adjstmt to Routine Srvcs	En 7 / En 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15					•			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	i	\$20.56	\$0.62	10.99	\$0.92
Quarterly Per Diem Rate Prior to Add-ons							i		,	(FRV)	
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 Qlr End		1.5888				1				:
18 Qrtrly Routine Srvcs 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	i :							:			
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 Srvs)		\$0.74	\$0.74	40.00	ψυ.ΖΖ	φυ.+1	, 40,00 ;	. 20.00	1 :	\$U.UU	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1,47	\$1.47						1		į.
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10					i	\$17.10			4
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	
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	. (10.25 10.23) • 0.75	C405 55				,	:			7,3,03	42.42
20 Secretary Feb Diem Nate for Ded Hold and Leave Days	(Lπ 25 - Ln 23) * 0.75	\$109.30									

Provider: Bryan County Health & Ref	nab Ctr		Add-on Data and	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Case I	Mix Per Diem Rate Effective Date: urse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse		trly BIMS score	48.4% 4.09	5.5% 2.0%	Qrtrly Mcaid		Medicaid CMI:		1.3338 1.7472 1.7814	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	<u>.</u> b	C	ď	е	, f	g	. g :	h	<u>i</u>
CASE MIX BASED RATE CALCULATION	<u>1S</u>											ı
1 Cost Center Peer Groups		(see Policy Manual)	i	. 1	. 1	2	1	4	1	: :		
Type of Facility within Peer Group				All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	į		
Bed Size Range wilhin Peer Group			•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		1		!
Peer Group Standards & Efficiency Measure	Limits								1	:		
2 Peer Group Standards: Percentile	-	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%	:		•
3 Peer Group Standards: Multiplier		(see Policy Manual)	!	100.0%	100.0%	100.0%	100.0%	3	105.0%			
4 Efficiency Measure Maximums (see line 20 for a	notual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		•
Base Period Per Diem Allowed Amounts	-		1							: *		
5 As Filed Cost Center Costs (Routine & Special	Srvcs 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 C	enter Costs	FY12 C/R Audit Adjstmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)	1	(\$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	As Filed Days = 35,129	FY12 Audited C/R Days	35,129		:				1			
Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days	÷					}		33,801		
9 Net Per Diems prior to Case Mix Adjstmt to Ro	utine Srvcs	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 F	Residents	from 4 qtrs of FY12		1.3338		. 1					42.07	
11 Routine Srvcs Case Mix Adjstd (CMA) Net F	Per Diem	Ln 9 / Ln 10		\$54.30				I				
12 Net Per Diems after Case Mix Adjstmt to Routi	ne Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86	i	\$13.48	\$3.76	\$3.67	\$1.51
13 Per Diem Standards (After Statewide CMA for Rou	itine Srvcs)	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 D	iem	Lesser of Ln 12 or Ln 13	\$123.35	\$54.30	\$0.00	\$18,41	\$18.86	:	\$13.48	\$3.76	13.03	\$1.51
Occasion Bar Biran Bata Bata A A A A								:		: -	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18	. 070/	1-44-5-0-0-40								: '		
	1.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.97	\$0.00		\$3.46	\$0.00	\$2,48	N/A	N/A	. N/A
16 CMA Allowed Per Diem (After Growth Allowance / 17 Quarterly Facility Case Mix Index for Medica		Ln 14 + Ln 15	\$142.64	\$64.27	\$0.00	\$21.79	\$22.32	\$0.00	\$15.96	\$3.76	\$13.03	\$1.51
		per Current Qtr End		1.7814		1						
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) 19 Quarterly Medicaid CMA Allowed Per Diem	Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16		\$114.49		·				:		
Guarteny Medicald CIMA Allowed Per Dieffi		NO - LA TO, AROUR - LA TE	\$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			:	3								
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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23 : Nursing Home Provider Fee		(Fixed Amount)	\$17.10		!	:		1	\$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 Le	nio Davo	(Ln 25 - Ln 23) * 0.75	\$152.07	!	<u>. </u>	·		L				

	ovider: Bryant Health & Rehab. Ctr, Inc		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pr	/dr ID: 00142601A			wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.1714	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score		1.0%		,	viedicaid CMI;		1.5647	1.5438
-	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	ırs per On-Site Day/Q	uality Incentive:	2.91	3.0%	Ortrly Meaid	CMI w RUG \	Nght 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
			а	ь	С	d	е	f	g	g	ħ	i i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)		: 1	1	. 2	1	. 1	4			
	Type of Facility within Peer Group	(,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	į		
	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%	1	: 105.0%	. :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			•
:	Base Period Per Diem Allowed Amounts									. 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	
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		-		1				25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,46		. Ì			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45	i	\$12.70	\$1.15	\$0.59	\$0.69
: 13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$108.13	\$55,46	\$0.00	\$14.04	\$16.45	:	\$12.70	\$1.15	7.64	\$0.69
:	Quarterly Per Diem Rate Prior to Add-ons				:						(FRV)	
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 Qlr End		1.5947					:		47.51	40,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$104.69		1			-			
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. ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1,05			+ 71			! .	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routino Srvcs)	Ln 19 Col b x Sting 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		L	<u></u>				<u> </u>		

Quarterly Case Mix Per Diem Calculation

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 36.6% 8.48	Add-on Percent 18.37% 2.5% 3.0%	Qrtrly N	Quarte	x (CMI) Data riod Overall CMI; rly Medicaid CMI; G Wght Options;		Facility Specific Use Stwd 1.2270 1.2396	State- wide 1.3617 1.5438 1.5713
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX DASED BATE OAL OUL ATIONS		a	b	С	d	е	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)			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
Per Diem Costs and Add-ons			ψ0.55	90.00	\$0.22	\$0.47		\$0.57			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$136.55	\$71.51		\$18.41	\$23.09		\$20.56	\$167,948.00 64,706	\$13.94	1
Growth Allowance 18.37%		A STATE OF THE STA	\$64.36		\$16.57	\$20.78		\$18.50		\$13.94	\$2.4
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$22.08 \$161.23	\$11.82 \$76.18 <u>1.2396</u> \$94.44		\$3.04 \$19.61	\$3.82 \$24.60		\$3.40 \$21.90	\$ 2.60	13.94 (FRV Rate)	\$2.40
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$179.49 \$2.36 \$2.83	\$94.44 \$2.36 \$2.83		\$19.61	\$24.60		\$21.90	\$2.60	\$13.94	\$2.40
Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.29						17.10			
Quarterly Case Mix Based Per Diem Rate		\$22.29	\$99.63		\$19.61	\$24.60		***		*****	
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$138.51	7201.76	\$33.03		\$19.61	\$24.60		\$39.00	\$2.60	\$13.94	\$2.40

	vider: Calhoun Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvc	ir ID: 00140577A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI		1.3183	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	trly BIMS score uality Incentive:	38.7% 3.94	2.5% 3.0%	Ortrly Mcaid	CMI w RUG \	Medicald CMI: Wght Options:		1.5061 1.5341	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
		i	а	b	С	d	е	f	. 9	: q .	h	i
CA	SE 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		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	1		
	Peer Group Standards & Efficiency Measure Limits	:				i i		:				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	ì	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	,	\$0.37			ı
	Base Period Per Diem Allowed Amounts	:										
5	As Filed Cost Center Costs (Routine & Special Stycs 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	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	SO	\$2,259	\$0	(\$7,447)	(\$171,454	1	(\$18,195)	\$19,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0		\$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	:	:						4224,700	410,1110
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9 !	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	: \$15.76		\$7.30	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183				: `			******	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$48.37				1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 Diern	Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93	:	\$15.76	\$3.73	7,44	\$0.57
	Ourstante Des Diese Date Date de Add	•								1	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	647.76				***					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.76 \$126.17	\$8.89 \$57.26	\$0.00		\$3.29	\$0.00		To the second second	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$126.17		\$0.00	\$17.29	\$21.22	\$0.00	\$18.66	\$3.73	\$7.44	\$0.57
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5341 \$87.84					!	1 1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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			· · · · · · · · · · · · · · · · · · ·					:		4.1	45.07
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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.20	\$2.20		ψυ. Σ Σ	φυ. 4 (. 90.00	30.37	1	φ0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.64	\$2.64		1		:	!			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. :				:	\$17,10	1		
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	1	\$0.00	\$0.00
25 (Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.22	\$93.21	\$0.00	-	\$21.63	\$0.00	\$36.13		\$7.44	\$0.57
26 (Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lπ 25 - Ln 23) * 0.75	\$122,34					<u> </u>			*****	
		,,	4:EE.34									

	rovider: Calhoun Nursing Home rvdr ID: 00140478A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 44.9% 4.45	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case Qrtrly Mcaid (Quarterly N	Overall CMI:		Facility <u>Specific</u> 1.2873 1.9070 1.9443	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
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	rate (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	•	RS = Ln 11, AllOthr = Ln 9		\$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13		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		<u>1.9443</u>								
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

Prvda	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description	01/01/21 09/30/20 Nurse Hours per	Qtrl	th Allowance: y BIMS score	N/A 41.4%	18,37%						
#		09/30/20 Nurse Hours per	On-Site Day/Qua	in	41.470	2.5%			l Overall CMI: Medicaid CMI:		1,4991 1,7206	1,3699 1,5438
#	Description			uity Incentive:	2.55	2,0%	Ortrly Meaid		Nght Options:		1,7515	1,5713
		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
040			а	b	С	đ	е	{	g	g	h	i
UAS	E MIX BASED RATE CALCULATIONS											i
1 C	ost 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			İ
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			i
	eer Group Standards & Efficiency Measure Limits											İ
	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			i
	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
В	ase Period Per Diem Allowed Amounts											İ
5 /	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY13 Audited C/R Days	48,462									i
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days								48,366		i
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / Ln 8 Co) 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								i
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$45.91								İ
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$45,91	\$0.00	\$15,24	\$15,01		\$25,05	\$3.83	\$47.46	\$1.50
	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23,27		\$23.46	\$0.00	N/A	i
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	\$1.50
Q	uarterly Per Diem Rate Prior to Add-ons										(FRV)	į
1	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
- 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 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 Otr End		1,7515							*	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.18								i
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
a	warterly Per Diem Add-on Amounts											ĺ
	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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2,38	,	,	, ,				\$3,00	
22 1	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$22.54	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$199.07	\$99.99	\$0.00	\$18,26	\$18.18	\$0.00	\$44,87	\$3.83	\$12,44	\$1.50
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136,48						1	Ll		

	ovider: Camellia Gardens of Life Care vdr ID: 00366341A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		wth Allowance: irly BIMS score		Add-on Percent 18.37% 2.5% 3.0%	***	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3243 1.0368 1.0444	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
	:		а	b	С	, d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS					1			· ·	! .		
1 :	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1				
	Type of Facility within Poer Group Bed Size Range within Peer Group	, , ,	·	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bod Sizes	All Facilities	All Facilities All Bed Sizes			
;	Peer Group Standards & Efficiency Measure Limits		:			1			1	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 :	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Entitlently measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts							:				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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		\$12,132	\$15,147	(\$43,440)	1	(\$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		1			:		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL Ins Rpt Days						1		27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3243</u>	!	1				1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98		;		1		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.98	\$0.00		\$16.63	1	\$24.90	\$2.31	\$5.89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$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	\$1.08
	Quarterly Per Diem Rate Prior to Add-ons							1	:		(FRV)	
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 Qlr End	:	1.0444								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$67.97				İ	1	1		
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		:		į.	1		į.	:			
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.70	\$1.70	, 42.00		40.41				\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04				;		: 1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					i .	\$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		\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.52	\$72.24	\$0.00		\$20.09	\$0.00		 	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.32			/			***	·	***************************************	

Provid			Add-on Data and	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overali CMI:	•	Facility Specific 1,3516	State- wide 1.3617
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho	Q urs per On-Site Day/Q	trty BIMS score uality Incentive:	63.0% 2.91	5.5% 3.0%	Ortrly Moaid	Quarterly i CMI w RUG !	Medicaid CMI: Wght Options:		1.6122 1.6402	1.5438 1.5713
Line	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>	, , , , , , , , , , , , , , , , , , , ,		<u>a</u>	b	С	d	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS	•									í	
1 Cc	ost Center Peer Groups Type of Facility within Peer Group Bed Size Rango within Poer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities			
	er Group Standards & Efficiency Measure Limits			All Ded 31265	All Ded Sizes	All Den Sizes	All Ded Sizes	. All Dea Sizes	All Bed Sizes			
3 /	Peer Group Standards: Percentile Peer Group Standards: Percentile Efficiency Measure Maximums (soe line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	· · ·	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37	•		•
Ва	ise Period Per Diem Allowed Amounts				!			1		:		
	As Filed Cost Center Costs (Routine & Special Srvcs 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
	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)		\$0	(\$33,919)		(\$16,377)	\$18,194
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0		\$167,289	1	\$402,375		\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188		ı							
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL Ins Rpt Days		-				!		23,848		:
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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 Ali Residents	from 4 qlrs of FY12		<u>1.3516</u>	:			1	:			•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,10								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53,10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6.33	\$0.82
, 13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$118.19	\$53.10	\$0.00	\$15,47	\$17.84		\$18.13	\$4.21	8.62 (FRV)	\$0.82
1	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwing %	\$19.20	\$9.75	\$0.00	CO 04	£0.00	***	***			
	CMA Allowed Per Diem (After Growth Allowanco Add-on)	Ln 14 + Ln 15	\$137.39	\$62.85	\$0.00		\$3.28	\$0.00	\$3.33		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. \$137,35	1.6402	\$0.00	\$10.31	\$21.12	\$0.00	\$21,46	\$4.21	\$8.62	\$0.82
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 16 x Ln 17		\$103.09		1			i			
1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$177.63	\$103.09	\$0.00	\$18.31	\$21.12	\$0.00	\$21,46	\$4,21	\$8.62	\$0.82
O.	uarterly Per Diem Add-on Amounts	: ·		:		: '						
1	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	
1 .	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67		-UZZ	Ψ0.41	90.00	90,37		Φ 0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Łn 19 Col b x Stfng Add-on	\$3.09	\$3.09		:						
	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			\$0.00	\$0.00
25 Qu	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.02	\$112.38	\$0.00		\$21.53	+			\$8.62	\$0.82
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.94		.				!			
<u> </u>	-											

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr I				wth Allowance:	N/A	18.37%			d Overall CMI:		2.3318	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurs	0 se Hours per On-Site Day/Q	trly BIMS score	0.0% 6.28	0.0%	Oad Maria		Medicaid CMI:		2.3160	1.5438
	woo a Nuise his bata per Quarter Enting.	naloniso Mus	se nouis per On-Site Day/Q	dality incentive.	0.20	0.0%	штпу мсаю	CMIWRUG	Wght Options:		2.3620	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	9	g	h	i
CASE	E MIX BASED RATE CALCULATIONS		i			:						
1 Co.	ost Center Peer Groups	(see Policy Manual)		1		1	1		1	i .		!
.	Type of Facility within Peer Group	(odd t one) Hillinger)	i I	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	ì		ĺ
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	i		1
Per	er Group Standards & Efficiency Measure Limits				:				-			
	Peer Group Standards: Percentile	(see Policy Manual)	I	90.0%	90.0%	90.0%	85.0%		50.0%			:
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	:		I
Ba	se Period Per Diem Allowed Amounts								:			
5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-F	LRpt \$1,470,516.00	\$639,844	. \$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	· \$0
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,246)	\$0	\$0		\$0	\$0	(\$10,246)	1	(\$5,552)	
7 : C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0		\$57,730	\$95,218		\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234		i		******		:		42 10,00 1	
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days		i		1			1	2,890		
9 : N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85		:				f :		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.85	\$0.00	\$20.35	\$47.29		\$105.98	\$2.59	\$76.03	\$1.72
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 B	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		23.42	\$1.72
٠	uarterly Per Diem Rate Prior to Add-ons			:					:		(FRV)	
	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwoc %	\$24.90	\$13.14	\$0.00	\$3.74	64.04	50.00				
- 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188,14				\$4.24	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$100,14	\$84.65 2.3620	; \$0.00	\$24.09	\$27.33	\$0.00	\$24,34	\$2.59	\$23.42	\$1.72
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$199.94		. :				1		
	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
	uarterly Per Diem Add-on Amounts							:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	60.00	60.00			; i		
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on		\$0.00		\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	40.00	\$0.00				1	:			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 50.00					\$17.10	:		
	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		\$0.00	\$0.00	\$0.00
	Jarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$320.75	\$199.94	\$0.00	•	\$27.33		· · · · · · · · · · · · · · · · · · ·	\$2.59	\$23.42	·
<u>!</u>				. 4133.34	\$6.00	424.31	4£1.33	30.00	341.44	\$2.35	\$23.42	\$1.72
26 Qu	larterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$227.74									

Description Sources Totals Routine Services Distant Laurety & Distant Distant	Provide Prvdr I	• • • • • • • • • • • • • • • • • • • •	1/1/2021 09/30/20 Nurse Hol		wth Allowance: trly BIMS score	Facility Score N/A 53.1% 3.69	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly i	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3680 1.3407 1.3580	State- wide 1.3617 1.5438 1.5713
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Group Samplants & Cost Center Peer Group Samplants & Given Policy Manual) 1		Description		Totals			Dietary	Laundry &	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes
Cost Confer Part Group: A Final State A	: :			а	ъ	С	d	е	f	g	g		i
Perf Group Name Perf Group with Perf Group Standards & Efficiency Massays Limits Mile States All Facilities All Facil	CASE	E MIX BASED RATE CALCULATIONS					1						
Pear Group Standards: Percentils Geam Policy Manual) 90.0% 90.0% 90.0% 90.0% 90.0% 100	1 Co.	Type of Facility within Peer Group	(see Policy Manual)	:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Sweet Combined) As Filed PYIZ CR. PY 2018 GL.PL.R.Pl 5, Audit Adjustments and Restlocations to Cost Center Costs FYIZ CR. Audit Adjustments (S201,297) So So So So So So So So So So So So So S	2 P 3 P	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Centier Costs FY12 CIR Audit Adjustmis 7 Cost Center Costs After Audit Adjustments FY12 CIR Audit Adjustmis 8 Total Nursing Facility Days As Flied Days = 33,792 Total Nursing Facility Days As Flied Days = 30,521 FY12 Audited CIR Days Total Nursing Facility Days As Flied Days = 30,521 FY12 CIR Audit Adjustments FY12 CIR Audit C	Ba	se Period Per Diem Allowed Amounts											
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CMR Audit Adjustments FY12 Audited CIR SA, 870,589 S2,528,059 S0 S591,650 S372,77 S432,301 S695,810 S101,926 S111,337 S36. 7 Cost Center Costs Alfar Audit Adjustments FY12 Audited CIR SA, 870,589 S2,528,059 S0 S591,650 S372,77 S432,301 S695,810 S101,926 S111,337 S36. 7 Cost Center Costs Alfar Audit Adjustments FY12 Audited CIR SA, 870,589 S2,528,059 S0 S591,650 S372,77 S432,301 S695,810 S101,926 S111,337 S36. 7 Cost Center Costs Mix Adjustments FY12 Audited CIR Days S3,792 Total Nursing Facility Days As Fired Days = 33,792 FY16 SL-PL Ins Ripi Days LP71,B Cola S114,45 S74,81 S0,00 S17,51 S23,82 (with L&H) S20,59 S3,34 S3,29 S1 S3,29 S1 S3,29 S1 S3,29 S1 S3,29 S1 S3,29 S1 S3,29 S1 S3,20 S2,28 S	5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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
7 Cost Center Costs After Audit Adjustments	6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	. \$0	\$0	\$0	\$15,281				
Total Nursing Facility Days GL-PL Ins. Rp1 As Filed Days = 30,521 9 Net Per Diems prior to Case Mix Adjetint to Routine Sinces Ln 7 Ln 8 Cal a Ln 7 Ln 8 Cal a Ln 7 Ln 8 Cal a Ln 7 Ln 8 Cal a Ln 7 Ln 8 Cal a Ln 9 Ln 8 Cal a Ln 9 Ln 10 Base Period Facility Cage Mix Adjetint to Routine Sinces Ln 9 Ln 10 Routine Sinces Case Mix Adjet (CMA) Net Per Diem Ln 9 Ln 10 S54,68 Ln 9 Ln 10 RS = Ln 11, AllOther = Ln 9 S54,68 S71,51 S23,82 S20,59 S3,34 S3,29 S1 S1 Per Diem Standards (Allor Statewide CMA for Routine Sinces) per Poer Group Limbs S71,51 S23,82 S20,59 S3,34 S3,29 S1 S1 Per Diem Standards (Allor Statewide CMA for Routine Sinces) per Poer Group Limbs S71,51 S23,82 S20,59 S3,34 S3,29 S1 S1 Per Diem Standards (Allor Statewide CMA for Routine Sinces) per Poer Group Limbs S71,51 S23,80 S71,51 S23,80 S20,56 S3,34 S20,50 NA S20,56 S3,34 S20,50 NA S20,56 S3,34 S20,50 NA S20,50 S20,56 S3,34 S20,56 S3,34 S20,56 S3,34 S20,50 S20,56 S3,34 S20,56 S3,34 S20,50 S20,56 S3,34 S20,56 S3,34 S20,50 S20,56 S3,34 S20,56 S3,34 S20,56 S3,34 S20,50 S20,56 S3,34 S20,56 S3,34 S20,56 S3,34 S20,56 S3,34 S20,50 S20,73	7 ; C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707				, ,	\$36,799
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	i 8	Total Nursing Facility Days As Filed Days = 33,792	FY12 Audited C/R Days	33,792							1		: 1
10 Base Period Facility <u>Case Mix Mix Index</u> for All Residents	1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days						;		30,521		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	+ 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
12 Net Per Diems after Case Mix Adjishmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$54,66 \$0.00 \$17.51 \$23.82 \$20.59 \$3.34 \$3.29 \$51 \$13	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680					:			
Per Diem Standards (After Statewide CMA for Routine Sroces)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	;	\$54.68	:					. :		
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S130.83 S54.68 S0.00 S17.51 S23.09 S20.56 S3.34 10.56 S1	12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17.51	\$23.82		\$20.59	\$3.34	\$3.29	\$1.09
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwinc % \$21.28 \$10.04 \$0.00 \$3.22 \$4.24 \$0.00 \$3.78 N/A	13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Umits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Counterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwanc % S21.28 S10.04 S0.00 S3.22 S4.24 S0.00 S3.78 N/A	14 B	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		\$1.09
CMA Allowed Per Diem (After Growth Allowance Add-on)		•					1		! :		1	(1774)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1.3580 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	1 1			\$21.28	\$10.04	\$0.00	\$3.22	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	1 '			\$152.11	\$64.72	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$175,28 \$87,89 \$0.00 \$20,73 \$27,33 \$0.00 \$24,34 \$3,34 \$10,56 \$10,56 \$10,56 \$10,56 \$10,56 \$10,56 \$10,56 \$10,56 \$10,56 \$			• • • • • •				1		!	:			
Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru 25 Sum of Lns 20 thru 26 Sum of Lns 20 thru 27 Sum of Lns 20 thru 28 Sum of Lns 20 th	1 1						!		İ		: i		
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	19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$175,28	\$87.89	\$0.00	\$20.73	\$27.33	\$0.00	\$24.34	\$3.34	\$10.56	\$1.09
21 BIMS Add-on Per Diem = 5.5% (lo Routine Srvs) Ln 19 Col b x CPS Add-on \$4.83 \$4.83 \$ 22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (lo Routine Srvcs) Ln 19 Col b x Stfing 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	Qu	rarterly Per Diem Add-on Amounts					:		:	:	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (No Routine Srvcs) Ln 19 Col b x String Add-on \$1.76 \$1.76 \$1.76 \$1.76 \$1.70 \$17.10	20 E	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	± 21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.83	\$4.83		:						
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.44 \$7.12 \$0.00 \$0.02 \$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	22 N	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$1.76	\$1.76				I .	:			
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	i	Nursing Home Provider Fee	1	\$17.10					!	\$17,10	1		
3.37 3.63 3.	24 T	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
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 · Ln 23) · 0.75 \$136.97	25 Q u	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.97									

Provide Prvdr I	D: 00140852A			owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI	- :	Facility Specific 1.3067	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour	Q s per On-Site Day/Q	trly BIMS score uality Incentive:	44.6% 3.91	2.5% 2.0%	Ortrly Moaid		Medicaid CMI Wght Options:		1.5632 1.5908	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	а	ь	c	d	е	f	9	g	h	í
CASE	E MIX BASED RATE CALCULATIONS				:					:		
1 : Co.	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1	1		
	Type of Facility within Peer Group	(oda i dilo) iliandali,		All Facilities	All Facilities	_	All Facilities	All Facilities	All Facilities			
1	Bed Size Range within Peer Group	4		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	and the second s	All Bed Sizes	i .		:
Pe	er Group Standards & Efficiency Measure Limits				:	1				1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
Ba	se Period Per Diem Allowed Amounts				:							ı
5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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 A	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
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428		\$0		\$318,471	\$208,010		'	\$230,480	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484	:				i i	1		,,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days		•	!				:	34,047		
9 N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37		\$6.50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067						, ,		
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17		1		!	:	1		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1,02
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56		N/A	
14 B	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	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11.05	\$1.02
'_									:		(FRV)	
	larterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	£40.04				***					
	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.24	\$9.22	\$0.00		\$2.73	\$0.00			N/A	. N/A
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Otr End	\$133.14	\$59.39	\$0.00	\$19.95	\$17,57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5908 \$94.48					:	1		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$168.23	\$94.48	\$0.00	\$19.95	\$17.57	\$0.00	\$20.56	\$3.60	\$11.05	\$1.02
			***************************************	:			417.01	;	, 420.00	. 45.00	\$11.05	Ψ1.02
	narterly Per Diem Add-on Amounts		4							:		
	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	1	\$0.00	İ
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.36	\$2.36		. :		1				
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.89	\$1.89		1			1			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i I
	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		\$0.00	\$0.00	\$0.00
25 Q u	arterly 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 Q u	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.51									

	ovider: Carrollton Nursing and Rehab Center vdr ID: 00059661 A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	Facility Score N/A 26.4% 3.03	Add-on Percent 18,37% 1,0% 3,0%			l Overall CMI: /ledicald CMI:		Facility <u>Specific</u> 1,3832 1,6875 1,7194	State- wide 1,4014 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
ļ			8	b	c	d	e	1	g		h	ı
C/	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	so.	\$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)	(\$1,986)	(\$14,530)	\$14,010	(\$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					, , , , , , , , , , , , , , , , , , , ,		, , , , , ,	7 1, 1,00	\$, <u>-</u>
	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 Srvcs	Ln 7/Ln 8 Cola	\$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		1.3832							,	, , , ,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (Alter Statewide CMA for Routine Strcs)	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 En 12 or En 13	\$133,45	\$69,96	\$0.00	\$15.86	\$14,54		\$24.02	\$0,36	8.00	\$0,71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,4%	Ln 14 x Grwth Alfwnc %	\$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	\$2,67 \$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	ψ100,23	1,7194	00.00	\$10,77	\$17,41	40.00	\$20.45	30,00	30.00	30,71
18	Ortrly Routine Srvcs 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
							• • • • • • • • • • • • • • • • • • • •	4			44,55	****
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] 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 Routina Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$1.42	\$1,42								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stvcs) Nursing Home Provider Fee	(Fixed Amount)	\$4,27	\$4,27					647.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.95	\$6.22	\$0.00	\$0,22	60.44	£0.00	\$17.10	60.00	60.00	50.00
		Ln 19 + Ln 24			l		\$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									

Provide	er: Cartersville Heights Care and Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr I	D: 00143085A		Gro	wth Allowance:	N/A	18.37%		Base Perior	d Overali CMI:	•	1.5517	1.3617
:	Case Mix Per Diem Rate Effective Date:	1/1/2021		irly BIMS score	25.0%	1.0%		Quarterly t	Medicaid CMI:		1,6435	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	ırs per On-Site Day/Qı	uality Incentive:	2.89	2.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.6744	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			а	b	С	d .	е	f	g	9	ħ	i
CASE	E MIX BASED RATE CALCULATIONS										,	
1 Co	st Center Peer Groups	(see Policy Manual)		1		,	1	1		: 1		
	Type of Facility within Peer Group	(See I and Marian)	:	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			
Pe	er Group Standards & Efficiency Measure Limits			,		1		!				
	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	ſ	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ba	se Period Per Diem Allowed Amounts							I				
5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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 ; A	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)	i t	(\$29,349)	\$29,504
7 i C	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			į .			1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days				1		1		41,774		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5517				1	İ	: .		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51					1	:		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$40.51	\$0.00	\$13.49	\$13.01	:	\$23.22	\$2.13	\$16.12	\$0.73
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 E	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	\$0.73
· ·	arterly Per Diem Rate Prior to Add-ons									1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$7,44	\$0.00	\$2.48	\$2.39	\$0.00	\$3.78	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	in 14 + Ln 15	\$10.03	\$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	\$1,0.57	1.6744	\$0.00	\$10.57	\$15.40	50,00	\$24.54	ΨZ.13	\$12,25	\$0.73
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$80.29				:				
	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = £n 16	\$151.11	\$80.29	\$0.00	\$15.97	\$15.40	\$0.00	\$24,34	\$2.13	\$12.25	\$0.73
	rarterly Per Diem Add-on Amounts			:		1		:				45.70
	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	60.00		da aa	
	SIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$0.80	\$0.80	30,00	\$0.22	\$ 0.41	\$0.00	\$0.00		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sifng Add-on	\$0.80	\$0.80 \$1.61		1			i			
. 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	31.01		1			. 647.40			
	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	en en	do 00	60.00
·	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$20.87	\$2.94	\$0.00	\$16.19			\$17.10	\$0.00	\$0.00	\$0.00
			\$11.18	\$03.23	\$0.00	\$16.19	\$15.81	\$0.00	\$41.44	\$2.13	\$12.25	\$0.73
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.01									

Provider: Cedar Springs Health and Rehab Center Prodr ID: 00140544A		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score uality Incentive:	N/A 15.4% 3.39	18.37% 0.0% 3.0%	Qrtrly Meaid	Quarterly I	d Overall CMI: Medicald CMI: Wght Options:		1.5659 1.6672 1.6996	1,3617 1,5438 1,5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·		а	b	С	d	e	f	9	<u>g</u>	h	i
CASE MIX BASED RATE CALCULATIONS					1			:			
1 Cost Center Peer Groups	(see Policy Manual)	•	1	1	2	1	. 1				
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			3
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Eniciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	ī		
Base Period Per Diem Allowed Amounts		:					!	:	1		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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	. \$
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)	\$22,58
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	\$22,58
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 Adjstmt to Routine Srvcs	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	\$0.7
Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.5659</u>					•			
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39				! !	•	: 1		:)
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$46.39	\$0.00		\$18.78		\$15.51	\$5.65	\$0.27	\$0.7
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$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)	\$0.7
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$17.43	\$8.52	\$0.00	\$2.61	\$3.45	\$0.00	50.05			
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	\$2.85 \$18.36	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	5120.04	1.6996	30.00	\$10.02	Φ22.23	30.00	310.30	\$5.65	\$8.17	\$0.7
18 Ortrly Routine Srvcs 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	\$0.7
Quarterly Per Diem Add-on Amounts		•			1						
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1						 -
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Ens 20 thru 23	\$21.43	\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
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	\$0.7
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$127.19						•	·		

,	rovider: Cedar Valley Nursing and Rehab Center	<u>Ad</u>	d-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data d Overall CMI	•	Facility Specific 1,4235	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hours per G	Qtr	ly BIMS score	36.8%	2.5% 3,0%	Ortrly Meald	Quarterly i	Medicaid CMI Wght Options:		1.5808 1.6088	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	С	đ	е	1	g		ħ	ı
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups				_	_						
'	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 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 Fifed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/£n 10		\$55,30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.30	\$0.00	\$14.32	\$16,53		\$30.28	\$0,31	\$20.97	\$1.05
13	Per Diem Standards (Atter Stalewide CMA for Routine Stress)	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 En 12 or En 13	\$120.69	\$55.30	\$0,00	\$14.32	\$16,53		\$24,02	\$0,31	9,16	\$1,05
	Quarterly Per Diem Rate Prior to Add-ons			1							(FRV)	
15	•	Ln 14 x Grwth Altwnc %	\$20.24	\$10.16	\$0.00	\$2,63	\$3,04	\$0.00	\$4,41	N/A	N/A	N/A
16		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	1 111	per Current Otr End	4	1,6088	\$5,50	\$10.33	\$10,01	φυ,υυ	Q2.0.43	90,31	\$3.10	\$1,05
18		Ln 16 x Ln 17		\$105.31						İ		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlfOthr = Ln 16	\$180.78	\$105.31	\$0.00	\$16.95	\$19.57	\$0.00	\$28,43	\$0.31	\$9.16	\$1.05
			·				,					*
1 00	Quarterly Per Diem Add-on Amounts	to a first of the control										
20	, , , , , , , , , , , , , , , , , , , ,	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$2,63	\$2.63								
23	· · · · · · · · · · · · · · · · · · ·	(Fixed Amount)	\$3.16	\$3.16								
24		Sum of Lns 20 thru 23	\$17.10	****	60.00			***	\$17.10			
l	, v .		\$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									
			į.	1								

	rovider: Chaplinwood Health & Rehab vdr ID: 00059694A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 25.4% 3.01	Add-on <u>Percent</u> 18.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3992 1.3949 1.4197	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$57.97	#0.00	# 44.00	#00.07		040.70	00.07	040.40	Φ0.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$71.51 \$57.97	\$0.00 \$0.00	\$18.41 \$14.06	\$23.09 \$20.37		\$20.56 \$19.70	\$0.00 \$2.87	N/A 10.43	\$0.82
14	·	203301 01 211 12 01 211 10	φ120.22	φ57.97	φ0.00	φ14.00	φ20.37		φ19.70	φ2.07	(FRV)	φ0.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$20.59	\$10.65	\$0.00	\$2.58	\$3.74	\$0.00	\$3.62	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$146.81	\$68.62 1.4197	\$0.00	\$16.64	\$24.11	\$0.00	\$23.32	\$2.87	\$10.43	\$0.82
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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									

	vider: Chatsworth Health Care Center dr ID: 00209778A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		owth Allowance: trly BIMS score	Facility Score N/A 44.0% 3.55	Add-on Percent 18.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2919 1.7292 1.7636	State- wide 1,3617 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			. 8	ь	C	ď	е	f	9	9	h	i
CA	SE MIX BASED RATE CALCULATIONS					:						
	Cost Center Peer Groups	Construction of the Constr				2						i
	Type of Facility within Peer Group	(see Policy Manual)	1	All Facilities	. T	Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			: All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
1	Peer Group Standards & Efficiency Measure Limits									!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
- 1	Base Period Per Diem Allowed Amounts							i				
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Fited 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 Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0			(\$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			\$168,421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749								4100,121	. 401,100
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days							:	39,941		
9 :	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919		: 1	*		1		V	•
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16					•	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = 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 Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	i	\$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	\$1,49
1	Quarterly Per Diem Rate Prior to Add-ons								,		(FRV)	
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			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.45	\$65.29	\$0.00	\$17.71	\$3.49 \$22.49	\$0.00			N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140.45		\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
18	Ortrly Routine Srvcs Case Mix Adjsto (CMA) Net Per Diem	Ln 16 x Ln 17	i .	1.7636 \$115.15		()		:				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.31	\$115.15	\$0.00	\$17.71	\$22.49	\$0.00	\$21.53	\$3.28	\$8.66	\$1.49
	•					Ψ17,711	Ψ22.43	. 50.00	\$21.00	\$5.20	\$6.00	; 31.48
	Quarterly Per Diem Add-on Amounts		1									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	;
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.88	\$2.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling 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	£n 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					·	······································			***************************************

	Provider: Chatuge Regional Nursing Home		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
-	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 29.0%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.2895 1.5866	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		3.28	2.0%	Ortrly Moaid	CMI w RUG \			1.6159	1.5713
Line	3 Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			. а	b	С	đ	е	f	g	9	h	i
<u> </u>	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 Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
:	Peer Group Standards & Efficiency Measure Limits								i	i .		1
. 2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	•	105.0%			
. *	Eniciency measure maximums (see line 20 for actual)	(see Policy Manual)	i.	\$0.53	S0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts		•									'
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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)	ri i	\$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	1
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-PŁ Ins Rpt Days				1				39,599		
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1		į.	i.	1		*
11	,	Ln 9 / Ln 10	•	\$66.85		:		•		:		1
12		RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23	:	\$14.84	\$2.07	\$5.33	\$0.00
13	· · · · · · · · · · · · · · · · · · ·	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 En 12 or En 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23.09	•	\$14.84	\$2.07	10.13	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons	!				. :		;			(FRV)	;
15		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	· · · · · · · · · · · · · · · · · · ·	Ln 14 + Ln 15	\$168.53	\$79,13	\$0.00	\$32.30	\$27.33			\$2.07	\$10,13	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.6159	;		421.00			42.07	4 10.10	40.00
: 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$127.87		. :		1				
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			i				•	:	1		:
20		(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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28				,		:	40.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		;	\$17.10			1
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	i	•	·				L	***************************************	,
	-		:									

FINAL

P	widow Chalcov Bork USB		۸ طط ۵	ata and Percentages	Facility Score	Add-on Percent		Case Mix Index	(CMI) Data		Facility Specific	State- wide
	ovider: Chelsey Park H&R odr ID: 003165720A		Add-on D	Growth Allowance:	N/A	18.37%			iod Overall CMI:	•	Use Stwd	
		04/04/04		Growth Allowance: BIMS:	12.5%	0.0%						1.3617 1.5438
		01/01/21	0.00				0.11.14		y Medicaid CMI:		1.3965	
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurs	e Hours per On-Sit	e Day/Quality Incentive:	3.19	5.0%	Qrtriy M	cald CIVII W RUC	G Wght Options:		1.4221	1.5713
								Plant	Admin		Property	Taxes
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Operatns	and	A&G- GL-PL	and	and
#	Description	Calculations	Totals	Services	Services	Dictary	Houskpng	& Maint	General	Insurance	Related	Insurance
"		Guiodiationo	а	b	С	d	е	f	a		h	i
CAS	E MIX BASED RATE CALCULATIONS								9			
	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								\$ 56,831		
]	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,081		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$4.00
	Allowed @ 95% of Std		\$168.47	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$4.00
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3.59			
	CMA Allowed Per Diem (After Growth Alowance)		\$194.76	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.98	\$37.58	\$4.00
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4221</u>							(FRV Rate)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$114.35								
	Quarterly Medicaid CMA Allowed Per Diem		\$228.70	\$114.35		\$20.70	\$25.97		\$23.12	\$2.98	\$37.58	\$4.00
	Quarterly Per Diem Add-On Amounts											'
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$5.72	\$5.72								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.82									
	Quarterly Case Mix Based Per Diem Rate		\$251.52	\$120.07		\$20.70	\$25.97		\$40.22	\$2.98	\$37.58	\$4.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.81										

Case Mix Per Diem Rate Effective Date: MDS & Nume Hrs Data per Quarter Ending: 1/1/2021 Nume Hours per On Site Day/Quarterly Medical CMI 1,2736 1,7346 1,73	1.3617 1.5438
Description Sources Totals Services Dietary Processing Description Services Dietary Processing Services Dietary Processing Services Dietary Processing Services Dietary Processing Services Dietary Processing Services Dietary Di	1.5713
Case Mix Based Rate CalCulations 1	Taxes and Insurance
1 Cost Center Peer Groups (see Pokey Manual) 1 1 2 1 1 1 4 8 8 8 8 8 8 8 8 8	i
Peer Group Standards & Efficiency Measure Limits Exemption All Facilities All Bed Size	
Poer Group Standards & Efficiency Measure Limits See Pokey Manual See Pokey Manual 1000 % 100.0% 10	
Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Percentile (see Policy Manual) 90.0% 90.0% 90.0% 100.0% 100.0% 105.0%	
Pear Group Standards: Percentific (see Picky Manual) 90.0% 90.0% 90.0% 85.0% 10	
Paer Group Stendards: Multiplier See Policy Manual 100.0%	
## Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.22 \$0.41 \$0.37 \$0.37 \$0.00 \$0.37 \$0.20 \$0.37 \$0.00 \$0.37 \$0.20 \$0.37 \$0.00 \$0.37 \$0.30 \$0.37 \$0.00 \$0.37 \$0.30 \$0.30 \$0	
Base Period Per Diem Allowed Amounts 5	
As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed FY12 CIR -FY 2018 GL-PL Rpt Audit Adjustments and Realilocations to Cost Center Costs FY12 CIR Audit Adjustments FY12 CIR Audit Adjustments FY12 Audited CIR S1,531,302 S1,220,138 S0 \$30 (\$1,442) \$0 \$0 \$0 (\$14,876) \$1,4429 \$0 \$0 \$0 \$0 (\$14,876) \$1,4429 \$0 \$0 \$0 \$0 (\$14,876) \$1,4429 \$0 \$0 \$0 \$0 \$0 (\$14,876) \$1,4429 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 C/R Audit Adjustments FY12 Audited C/R S3,531,302 S1,920,138 S0 S354,700 S202,257 S189,822 S470,906 S78,889 S284,96 FY12 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659 FY12 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659 FY18 GL-PL Ins. Rpt Days Ln 7/Ln 8 Col a S141.47 S76.97 S0.00 S14.22 S15.72 (with L&H) S18.88 S3.07 S11.4 Base Period Facility Case Mix Adjistn to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 S62.70 S0.00 S14.22 S15.72 S18.88 S3.07 S11.4 Per Diem Standards (After Statewide C/MA for Routine Srvcs) Per Peer Group Limits FY12 C/R Audited C/R S3,531,302 S1,920,138 S0 S354,700 S202,257 S189,822 S470,906 S78,889 S284,96 S28,96 S284,96 S28,	
Audit Adjustments and Reallocations to Cost Center Costs	\$0
Cost Center Costs After Audit Adjustments FY12 Audited C/R \$3,531,302 Total Nursing Facility Days As Filed Days = 24,945 Total Nursing Facility Days GL-PL Ins. Rpt 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 FY18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistnt to Routine Srvcs In 71_In 8 Col a S141.47 S76.97 S0.00 \$14.22 \$15.72 With L&H) \$18.88 \$3.07 \$11.4 Base Period Facility Case Mix Index for All Residents If om 4 qtrs of FY12 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 9 / Ln 10 S62.70 Net Per Diems after Case Mix Adjistd to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 S62.70 S0.00 \$14.22 \$15.72 \$18.88 \$3.07 \$11.4 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits Per Peer Group Limits Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Per Cerrent Qare End Ln 14 x Grwth Allowance Ln 14 x Grwth Allowance Ln 14 x Grwth Allowance Ln 14 x Grwth Allowance Ln 14 x Grwth Allowance Ln 14 x Grwth Allowance CWA Allowance Per Diem (Alter Growth Allowance Add-on) Ln 14 x Grwth Allowance Ln 16 CWA Allowance Are reduced Residents Per Current Qir End Ln 16 x Ln 17 S131.24	\$29,681
Total Nursing Facility Days GL-PL Ins. Rpt	\$29,681
Second S	
Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1,2276	
Routine Strock Case Mix Adjistd (CMA) Net Per Diem	\$1.19
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$62.70 \$0.00 \$14.22 \$15.72 \$18.88 \$3.07 \$11.2 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N// 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 \$10.00 Quarterly Per Diem Rate Prior to Add-ons (FRV 15 Growth Allowance Percentage = \$18.37% Ln 14 x Grwth Allowance % \$20.49 \$11.52 \$0.00 \$2.61 \$2.89 \$0.00 \$3.47 N/A N/A 16 CMA Allowed Per Diem (Alter Growth Allowance Add-on) Ln 14 x Grwth Allowance Add-on) \$146.46 \$74.22 \$0.00 \$16.83 \$18.61 \$0.00 \$22.35 \$3.07 \$10.00 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.7682 1.7682 \$10.00 \$10.00 <td></td>	
13 Per Diem Standards (After Statewide CMA for Rouline Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N/Y 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 \$10.75 Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allwing \$ \$20.49 \$11.52 \$0.00 \$2.61 \$2.89 \$0.00 \$3.47 N/A N/Y 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 \$10.75 Quarterly Facility Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$131.24	
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. \$\$ \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$3.07 \$10. \$\$ \$15.72 \$18.88 \$18.61 \$10. \$\$ \$15.72 \$18.88 \$18.61 \$10. \$\$ \$15.72 \$18.88 \$18.61 \$10. \$\$ \$15.72 \$18.88 \$18.61 \$10. \$\$ \$15.72 \$18.88 \$18.61 \$10. \$\$ \$15.72 \$18.88 \$10. \$\$ \$10. \$\$ \$15.72 \$18.88 \$10. \$\$ \$10. \$\$ \$15.72 \$18.88 \$10. \$\$ \$10. \$\$ \$15.72 \$18.88 \$10. \$\$ \$10. \$\$ \$15.72 \$18.88 \$10. \$\$ \$10. \$\$ \$15.72 \$10. \$\$\$ \$15.72 \$10.	\$1.19
Quarterly Per Diem Rate Prior to Add-ons	
Counterly Per Diem Rate Prior to Add-ons Counterly Per Diem Rate	\$1.19
15 Growth Allowance Percentage = 18.37%	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.7682 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$131.24	\$1.19
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$131,24	Ψ1.13
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.	\$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 \$0.21 BIMS Add-on Per Diem = 0.0% (to Routine Size) Ln 19 Col b x CPS Add-on \$0.00 \$0.00 \$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.94 \$3.94	
23 Nursing Home Provider Fee (Fixed Amount) \$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 \$10.00	\$1.19
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23)* 0.75 \$156.71	

i	ovider: Chestnut Ridge Nursing & Rehabilitation Center rvdr ID: 00228049A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021	Qtr	th Allowance: ly BIMS score	21.4%	Add-on Percent 18.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5075 1.5558 1.5825	State- wide 1,4014 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	đ	е	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	so	\$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 Adjstmts	(\$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/FI Days	24,050									,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-Pt Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 En 12 or En 13	\$119.36	\$59,91	\$0.00	\$13.70	\$13,51		\$24.02	\$0.30	7.38	\$0,54
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$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)	៤៧ 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				į į			*****	, , , ,
18	Ortrly Routine Srvcs 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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.12	\$0.00	20,22	50.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Strucs)	Ln 19 Col b x Sting Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	1					\$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	\$115.12	\$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	(i.n 25 - Ln 23) * 0.75	\$139.21		L	1		I .	1	I		
		,	1 7.00.61	1								

	City Convalescent Center, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cası	Mix Index (C	-	-	Facility Specific	State- wide
Prvdr ID: 00158034A	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 35,3%	18.37%			J Overall CMI		1.4851	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ou <i>r</i> s per On-Site Day/Q		3.69	2.5% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI Wght Options:		1.5166 1.5443	1.5438 1.5713
Line Descri	iption	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	ь	C	ď	ę	f	9	. g :	h	i
CASE MIX BASED RA	ATE CALCULATIONS					. :			:			
1 Cost Center Peer Grou	ıps	(see Policy Manual)		1	1	2	1	1	. 1			
Type of Facility will	hin Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities		•	
Bed Size Range wi	ithin 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	s: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	1 .		
3 Peer Group Standards		(see Policy Manual)		. 100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Mi	eximums (see line 20 for actual)	(see Policy Manual)		. \$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
Base Period Per Diem	Allowed Amounts		•						:			
5 As Filed Cost Center (Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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	d Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)			(\$43,344)	\$35,164
7 Cost Center Costs Aft	er Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0		\$846,882	\$471,160		• ;	\$336,541	\$35,164
8 Total Nursing Facili		FY12 Audited C/R Days	70,236						:		*,	**
Total Nursing Facili	ty 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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32		\$4.79	\$0.50
10 Base Period Facility	Case Mix Index for All Residents	from 4 qtrs of FY12		1.4851			*	. ' '	,		*	***************************************
11 Routine Srvcs Case	e Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32		1				:		
12 Net Per Diems after C	ase Mix Adjstmt to Routine Srvcs	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 Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	******
14 Base Period Case Mix	Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	1	\$18.77		\$20,56		12.63	\$0.50
0	to Belondo Add our	:	i								(FRV)	*
Quarterly Per Diem Ra		Ln 14 x Grwth Allwrio %	600.47			50.04	60.45					
15 Growth Allowance Per	-	Ln 14 x Giwin Allwino 76	\$22.17	\$12.00	\$0.00	\$2.94	\$3.45	\$0.00	\$3.78		N/A	N/A
	m (After Growth Allowance Add-on)		\$162.93	\$77.32	\$0.00	\$18.93	\$22.22	\$0.00	\$24.34	\$6.99	\$12.63	\$0.50
· · · · ·	ase Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17	•	1.5443								
 18 Qrtrly Routine Srvc 19 Quarterly Medicaid CN 	s Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 18, AliOthr = Ln 16	\$205.02	\$119.41		040.00	***		****			
		NS - Eli 10, AllOuii - Eli 10	\$205.02	\$119.41	\$0.00	\$18.93	\$22,22	\$0.00	\$24.34 :	\$6.99	\$12.63	\$0.50
Quarterly Per Diem Ad						1		:	,			
	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 Die		Ln 19 Cal b x CPS Add-on	\$2.99	\$2.99						-		
· ·	lity Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Cot b x Stfng Add-on	\$3.58	\$3.58		1				1		
23 Nursing Home Provide		(Fixed Amount)	\$0.00					:	\$0.00			
24 Total Quarterly Per Di	em 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 Ba	sed 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 Quarteriv Per Diem Ra	ite for Bed Hold and Leave Davs	(Ln 25 - Ln 23) * 0.75	\$159.56									

Provider:	Chulio Hills Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		_	Facility Specific	State- wide
Prvdr ID:	00143437A Case Mix Per Diem Rate Effective Date	e: 1/1/2021		owth Allowance:	N/A	18.37%			Overall CMI	*	1.2223	1.3617
!	MDS & Nurse Hrs Data per Quarter Ending		urs per On-Site Day/Q	trly BIMS score uality Incentive:	24.6% 5.43	1.0% 3.0%	Ortrly Moaid	CMI w RUG I	Medicaid CMI Woht Options		1.9182 1.9546	1.5438 1.5713
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
#	•	Calculations				·		& Maint	General	insulance	Related	Insurance
			a	b	С	d	e	j f	ġ	<u> 9</u>	<u>h</u>	<u> i </u>
CASE MI	X BASED RATE CALCULATIONS		1			(ı				
1 Cost Ce	enter Peer Groups	(see Policy Manual)		. 1	1	. 2	1	1	. 1	;		*
	Type of Facility within Peer Group			All Facilities	All Facilities		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	1		•
	oup Standards & Efficiency Measure Limits	•		;						1		•
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
: 4 Efficie	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Pe	eriod Per Diem Allowed Amounts		:		· 							
5 As File	ed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)	(\$18,485)	\$26,471
7 Cost C	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	
8 Tota	al Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110					i		1	. ,	
Tota	al Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days	:	. !					:	33,250		
9 Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Bas	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223				1	:			
11 Rot	ıtine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48					:			
12 Net Pe	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3.30	\$0.25	\$0.78
13 Per Di	iem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base I	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	\$0.78
Ouerter	ly Per Diem Rate Prior to Add-ons	•									(FRV)	
	h Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.38	\$10.56	\$0.00	\$2.47	\$3.37	\$0.00				
	Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.88	\$68.04	\$0.00		•		\$2.98	N/A	N/A	N/A
e e	arterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	. 4130.00	1.9546	\$0.00	\$15.90	\$21.72	\$0.00	\$19.18	\$3.30	\$9.96	\$0.78
the second second	rly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$132.99		. :			!			
	erly 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
					V 0.00	\$10.00	Ψ21.72	ψ5.00	1 315.10	\$3,30	\$3,30	1 30.76
	ly Per Diem Add-on Amounts					1		:	:	1		i I
	ncy Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
	Add-on Per Diem = 1.0% (to Routine Srvs	• •	\$1.33	\$1.33						1		
	Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$3.99	\$3.99		1						1
	ng Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	* .		
<u> </u>	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 Quarter	ly Case Mix Based Per Diem Rate	£л 19 + Ln 24	\$227.78	\$138.84	\$0.00	\$16.12	\$22.13	\$0.00	\$36.65	\$3.30	\$9.96	\$0.78
26 Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.01	:								

Case Mix Based Rate Calculations Sources /	70 1.5438
Description Description	and and lated Insurance
Case Mix Based Rate Calculations (see Policy Manual) 1 1 2 1 1 1 1 1 1 1	h i
Cost Center Peer Groups Type of Facility within Peer Group Free Group Free Group Substitution Peer Group Subst	
Type of Facility within Peer Group Bed Sizes Range within Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Substitute Peer Group Standards: Precentile Substitute	
Bed Size Range within Peer Group All Bed Sizes All Bed S	
Peer Group Standards & Efficiency Measure Limits See Folicy Manual See Folicy Ma	
Peer Group Standards: Percentile (see Policy Manual) (see Po	
3 Peer Group Standards: Multiplier (see Policy Manual) (se	
## A Filed Cost Center Costs (Routine & Special Srvcs Combined) ## A 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 ## A Filed Cost Center Costs (Routine & Special Srvcs Combined) ## A 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 ## A Filed Cost Center Costs (Routine & Special Srvcs Combined) ## A Filed FY12 C/R Audit Adjistmts \$8,507 \$0 \$0 \$0 \$0 \$2,217 \$370	
Base Period Per Diem Allowed Amounts 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	
As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments FY12 Audited C/R Total Nursing Facility Days FY18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs FY12 C/R Audit Adjustment FY12 Audited C/R FY12 Audited C/R FY12 Audited C/R Days FY12 Audited C/R Days FY18 GL-PL Ins Rpt Days FY18 GL-PL Ins Rpt Days In 7 / Ln 8 Col a Base Period Facility Case Mix Index for All Residents As Filed Cost Center Costs (Routine & Special Srvcs Combined) FY12 Audited C/R Days FY12 Audited C/R Days FY18 GL-PL Ins Rpt Days FY18 GL-PL Ins Rpt Days In 7 / Ln 8 Col a S138.27 S78.74 S0.00 S266,767 S111,575 S190,478 S437,521 S99,292 (\$7,920) (\$7,920) (\$7,920) (\$7,920) (\$7,920) S111,358 S190,108 S429,601 S9,292 S78.74 S0.00 S15.34 S17.33 S17.33 S17.33 S17.33 S24.70 S0.35	
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 17,393 7 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents FY12 C/R Audit Adjistmts (\$8,507) \$0 \$0 \$0 (\$217) \$2,408,183 \$1,369,585 \$0 \$266,767 \$111,358 \$190,108 \$429,601 \$9,292 \$17,393 \$1	004 470
7 Cost Center Costs After Audit Adjustments	\$31,472 \$0
8 Total Nursing Facility Days As Filed Days = 17,393 FY12 Audited C/R Days 17,393 FY18 GL-PL Ins Rpt Days 26,255 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$138.27 \$78.74 \$0.00 \$15.34 \$17.33 (with L&H) \$24.70 \$0.35 \$10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.2835	(\$13,849) \$13,849 \$17,623 \$13,849
Total Nursing Facility Days GL-PL Ins. Rpt	\$17,023 \$13,049
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.2835	\$1.01 \$0.80
	ψ1.01 ψ0.00
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 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 Srvcs) 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 \$0.80
Outstate Day Diver Day Day and Address	(FRV)
Quarterly Per Diem Rate Prior to Add-ons	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 Case Mix Index for Medicaid Residents per Current Qtr End 1.5168	ψ27.02 ψ0.00
18 Ortrly Routine Srvcs 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 = 1.0% (to Routine Srvs) Ln 19 Coll bx CPS Add-on \$1.10 \$1.10	+00
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.41 \$4.41	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$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	

Provide			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr II	Case Mix Per Diem Rate Effective Date:	1/1/2021	Gro Q	wih Allowance: Irly BIMS score	N/A 37.1%	18.37% 2.5%	****	Base Period	d Overall CMI: Medicaid CMI:		1.3288 1.5183	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality Incestive:	2.78	3.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.5449	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·			а	b	С	d	е	f	; g	g	h	i
CASE	MIX BASED RATE CALCULATIONS		:									
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	. 2		;				1
	Type of Facility within Peer Group	(coor oney montal)		All Facilities		Free Standing	All Facilities	All Facilities	: I Y			1
	Bed Size Rango within Peer Group			All Bed Sizes	All Bed Sizes		All Bod Sizes		All Bed Sizes	1		!
Pee	er Group Standards & Efficiency Measure Limits									:		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			!
Bas	se Period Per Diem Allowed Amounts								:			
5 A	s Filed Cost Center Costs (Routine & Special Srvcs 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	\$(
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,062)	\$0	\$0	\$0	\$0	SO	(\$37,984)	410,207	\$10,841	\$23,081
7 C	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			: ** ***	**==,***	:	1	010,201	Ψ200,303	ΨΕυ,ου
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days		-				:		23,515		
9 , N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 gtrs of FY12		1.3288			7.5.5	:		. 40.02	40.01	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89		1			1			:
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$37.89	\$0.00	\$10.92	\$13.86	ţ	. \$15.66	\$0.82	\$8.91	\$0.80
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase 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	\$0.80
	artarly Day Diana Bata Delay to 1844		:		,			:			(FRV)	40.00
	arterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				i1			1			
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwric %	\$14.40	\$6.96	\$0.00	\$2.01	\$2.55	\$0.00	\$2.88	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$101.16	\$44.85	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17	:	1.5449	'	:						
	tuarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$125.60	\$69.29 \$69.29		***			:	1		
		NO - EN TO, ANOSIN - EN TO	\$125.60	\$69.29	\$0.00	\$12.93	\$16.41	\$0.00	\$18.54	\$0.82	\$6.81	\$0.80
	arterly Per Diem Add-on Amounts			i								;
	fficiency 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	I
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.73	\$1.73	:	:			ŧ			
	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.08	\$2.08		;		:	!			
	lursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 To	otal 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 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$98.21					•	· · · · · · · · · · · · · · · · · · ·	·		J

Provider Prvdr ID			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0			Facility Specific	State- wide
11141112	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		triy BIMS score	43.7% 4.60	18.37% 2.5% 3.0%	Ortrly Mcaid	Quarterly i	d Overall CMI; Medicaid CMI; Wght Options;		1.3441 1.5764 1.6068	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	C	d	e	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS	:										
1 Cos	t Center Peer Groups	for a Deferration in							İ			
	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 48 Castilias	1 Hosp Based	1 All Facilities	. 1 All Facilities	: 1 All Facilities	1		
	Bed Size Range wilhin Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	: All Facilities : All Bed Sizes		:		!
Poer	Group Standards & Efficiency Measure Limits	:					7.10 E 10 E 12.00		7 III DOG ÇAZES			i I
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i :
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			i
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	e Period Per Diem Allowed Amounts			-								1
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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	S (
1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,710)		\$0	**********	\$3,632	\$5,455	(\$88,647)			1
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0		\$448,507	\$673,777		\$117,406	(\$3,213) \$1,216,822	1
1	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013	. 40,211,000	Ψ0	4520,055	9440 ₁ 001	. 4013,111	\$1,529,050	\$117,400	\$1,210,022	\$13,063
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days	30,013						:	37,331		
1	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln B Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3,14	\$33.79	\$0.36
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	4000.10	1,3441	Ψ0.00	V ED.00	φ31.10	. Iman rang	\$30.93	. 33,14	\$33.79	\$0.30
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66.40		1						ĺ
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25.56	\$31.16	!	\$36.93	: \$3.14	\$33.79	\$0.36
13 Pe	r Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	1	\$20.56	\$0.00	\$33.79 N/A	. JU.30
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155,95	\$66.40	\$0.00		\$23.09	!	\$20.56	\$3.14	16.84	\$0.36
		:			40.00	-	420.05		. 420.55	ψ3.14	(FRV)	
	rterly Per Diem Rate Prior to Add-ons					4		1		i i	,	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.92	\$12.20	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	AA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6068</u>		i i						
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$126,29				!				:
19 Qu	arterly 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
Quai	rterly Per Diem Add-on Amounts	:				. :						i
20 Eff	iciency 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 Bl?	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.16	\$3.16		4 · · · · · · · · · · · · · · · · · · ·		1			13.00	}
22 Nu	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on	\$3.79	\$3.79				!		!		
23 Nu	rsing Home Provider Fee	{Fixed Amount}	\$17.10	•					\$17.10			
24 To	tal 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 Quai	rterly 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 Quai	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.20			1		:	<u> </u>			
	,	(EN 20 - CH 20) 0.10	3111.20									

Provider: Cobblestone Rehab and Healthcare Center Prvdr ID: 00142711A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 18.8% 3.62	Add-on <u>Percent</u> 18.37% 0.0% 3.0%	-	Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options:		Facility <u>Specific</u> 1.4590 1.4998 1.5268	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
		а	ь	C	ď	e	f	9	g	h	ı
CASE MIX BASED RATE CALCULATIONS					: i		į				
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	· · · · · · · · · · · · · · · · · · ·	: :	
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Styce 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	i econi	6440 004	
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjetmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	1	(\$38,342)	\$6,221	\$449,894	\$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175		\$6,221	(\$67,207) \$382,687	\$65,941 \$65,941
8 Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374				0201,400	Ψ231,113	4015,505	90,221	\$302,007	\$65,841
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days	·		!	ł ;				19,878		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12	•	1.4590						1	\$10,70	90.24
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Լո 10		\$52.45		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	40,27
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 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %			:	:		I		1	1	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwiic 76	\$20,47	\$9.64	\$0.00	\$2.81	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$153.68	\$62.09	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	1.5268		i i						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = £n 16	\$186.39	\$94.80 \$94.80	\$0.00	\$18.11	\$27.33	\$0.00	\$24.34	\$0.31	\$18.26	\$3.24
Quarterly Per Diem Add-on Amounts										¥10.20	Ψ0.24
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	60.00				
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	30.00	3 0.22	\$0.00	\$0.00	\$0.00	i	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.84	\$2.84				:	Ì	İ	1	
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ΨΖ.υΨ					\$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	60.00	60.00
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	\$0.00	\$0.00 \$18.26	\$0.00 \$3.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.49				70		. 4-1,7-7	1	\$10.20	33.24

	College Park Health Care Center 00140654A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score	Score N/A 33.3% 2.61	Add-on <u>Percent</u> 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI	;	Facility <u>Specific</u> 1.2906 1.4279 1.4530	State- <u>wide</u> 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
			а	b	С	d	e	f	<u> </u>	, g	h	i
CASE MIX	(BASED RATE CALCULATIONS			•		:						
ту	nter Peer Groups rpo of Facility within Peer Group ad Sizo Rango within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer Gr 3 Peer Gr	oup Standards & Efficiency Measure Limits roup Standards: Percentile roup Standards: Multiplier cy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			· ! ! !
Base Per	riod Per Diem Allowed Amounts									1		1
5 As Filed	d Cost Center Costs (Routine & Special Srvcs 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 A	djustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834			(\$66,906)	\$46,633
1	enter Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246		\$598,063	\$46,633
8 Total	Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452						: '		**********	
	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days				1				29,852		
	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$145.24	\$71,49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25		\$18.43	\$1.44
	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906		1				1		
	ine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39		:			:	} 1		
	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
	m Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
14 Base P	eriod Case Mix Adjusted Allowed Per Diem	Lesser of I,n 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	7.64	\$1.44
Quarterly	Per Diem Rate Prior to Add-ons					:			:		(FRV)	,
	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	
16 CMA AI	llowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.31	\$65.57	\$0.00	\$18.38	\$20.71	\$0.00		1	\$7.64	N/A \$1,44
17 Quar	terly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1,4530	40.00		Ψ25.71	45.00	\$20.51	\$0.00	\$7.04	\$1.44
18 Ortrly	y Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.27		i			i			
19 Quarter	ly 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	s1,44
Quarterly	Per Diem Add-on Amounts										7.101	
-	cy Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	60.00		60	I
	dd-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,38	\$2.38	JU.00	φυ.22	φ υ.41	\$0.00	\$0.23		\$0.00	
22 Nurse S	Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,91	\$1.91		: :				1		
	Home Provider Fee	(Fixed Amount)	\$17.10	1		: 1		i	\$17.10			
24 Total Q	uarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,78	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$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		\$41.30	<u> </u>	\$7.64	\$1.44
38 O	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.27			, ,,,,,,,	V-1.74	40.00	\$71.30	40.00	\$1.04	\$1.49

	Provider: Comer Health and Rehab Prodr ID: 00220448A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		with Allowance: trly BIMS score	45.7%	Add-on <u>Percent</u> 18,37% 5.5% 5,0%		Quarterly	(CMI) Data od Overall CMI: y Medicaid CMI: i Wght Options:		Facility <u>Specific</u> 1,2625 1,5214 1,5491	State- wide 1,4014 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	ь	c	d	e	ſ	g		h	i
<u>C</u>	ASE 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			w. = 100 m.
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											:
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	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		from 4 qtrs of FY10		<u>1,2625</u>								; ;
11	,	Ln 9 / Ln 10		\$62,33								Ì
12	•	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0,00	\$17.63	\$17.11		\$19,05	\$2.89	\$12.08	\$0.22
13		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 En 12 or Ln 13	\$127.16	\$62.33	\$0,00	\$17.63	\$17.11		\$19.05	\$2.89	7.93	\$0.22
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Otr End		1,5491								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114,29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		S0.00	
21		Ln 19 Col b x CPS Add-on	\$6.29	\$6.29			72.77	45.00	40.07		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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			4	1	I				
			<u> </u>	ı								

	mfort Creek NRC of Wadley 41138A		Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		trly BIMS score	30,8% 2.78	18,37% 2.5% 3.0%	Ortrly Meald	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.3067 1.5256 1.5551	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	ь	C C	d	e	f	g	9 ;	ħ	i
CASE MIX BA	ASED RATE CALCULATIONS							İ				!
1 Cost Center I	Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1				
	f Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	: All Facilities	All Facilities			
Bed Siz	ze Range within Poer Group		I	All Bed Sizes	All Bad Sizes		All Bed Sizes		All Bed Sizes			
Peer Group S	Standards & Efficiency Measure Limits		1			: :			!			I I
	Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	-	50.0%	i -		
	Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4 Efficiency M	Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period	Per Diem Allowed Amounts					1		1	:			
5 As Filed Cos	st Center Costs (Routine & Special Sives 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	mr.
1	tments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,048)	\$0	\$0	\$0	\$0	; \$243,211 ; \$0	(\$54,075)			\$0
7 Cost Center	r Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0		\$281,831	\$243,271	\$360,462		(\$46,994)	
8 Total Nur	rsing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042	41,001,010		4000,100	42.01,031	\$245,211	\$300,402	291,000	\$204,359	\$45,021
Total Nur	rsing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days	:					1		32,777		
9 Net Per Dier	ms prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	: _ (with L&H)	\$13,33	\$2,80	\$7.56	
10 Base Per	riod Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3067		Ų14.04	\$13.42	. (************************************	. 410,00	\$2.00	\$7,30	\$1.66
11 Routine S	Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33		:			•			1
	ms after Case Mix Adjstmt to Routine Srvcs	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 St	tandards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	1	\$23.09		\$20.56	1	\$7.56 N/A	\$1.00
14 Base Period	d 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		8.30	\$1.66
:	- Plan Bar Bar Bar Bar Bar Bar Bar Bar Bar Bar					1	Ψ13.4 <u>2</u>		950.00	φ2.00	6.30 (FRV)	\$1.00
	r Diem Rate Prior to Add-ons					·		-		1 1	(, , , , ,	!
	wance Percentage = 18.37%	Ln 14 x Grwth Ailwno %	\$17.20	\$8.51	\$0.00		\$3.57	\$0.00	\$2.45	N/A	N/A	N/A
	ed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$123.58	\$54,84	\$0.00	\$17.21	\$22.99	\$0.00	: \$15.78	\$2.80	\$8.30	\$1.66
	Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.5551		:			-	:		
	utine Srvcs Case Mix Adjstd (CMA) Net Per Diem ledicaid CMA Allowed Per Diem	Ln 16 x Ln 17	:	\$85.28		:				1		
is Quarterly IVI	edicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.02	\$85.28	\$0.00	\$17.21	\$22.99	\$0.00	\$15.78	\$2.80	\$8.30	\$1.66
Quarterly Per	r Diem Add-on Amounts		:			:		1	-			
20 Efficiency Ad	dd-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-o	on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13			~~. ,,				\$0,00	
22 Nurse Staff	Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.56	\$2.56		1						Í
23 Nursing Hon	me Provider Fee	(Fixed Amount)	\$17.10	:		!			\$17.10			
24 Total Quarte	erly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.22	\$0.00	\$0.22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
25 Quarterly Cas	se Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.34	\$90.50	\$0.00		\$23.40	\$0.00	\$33.25	\$2.80	\$8.30	\$1.66
26 : Quarterly Per	r Diem Rate for Bed Hold and Leave Davs	(£n 25 - Ln 23) * 0.75	\$120,18			.i			L	<u> </u>	+3.00	700

Provider: Cordele Health & Rehab Prydr ID: 00059892A		Add-on Data and P	ercentages rth Allowance:	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (0	CMI) Data		Facility Specific 1,1887	State- wide 1,3699
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Qtr r On-Site Day/Qua	ly BIMS score ality Incentive:	22.0%	1.0% 3.0%	Ortrly Meaid		Medicaid CMI:		1,4588 1,4826	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	С	d	е	l t	g	g	h	i
CASE MIX BASED RATE CALCULATIONS		ļ									
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Pear Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts				L _p							
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70.025	\$347,784	\$77,633	\$204.995	so
6 Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	so	\$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 Srvcs	En 7 / En 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$68.11								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9	İ	\$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 Stross)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23,27	1	\$23,46	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Alliwnc %	\$23,15	\$12,51	\$0.00	\$3,52	60.04	60.00	64.04	N//0		
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162,31	\$80.62	\$0.00	\$22.66	\$2.81 \$18.10	\$0.00	\$4.31 \$27.77	N/A \$3,26	N/A \$8,62	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	¥102,51	1,4826	\$0,00	92.2.00	\$10,10	30.00	321.77	33,20	\$6,62	\$1.28
18 Ortrly Routine Srvcs 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				and the same of th							
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	60.00		05.55	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srys)	1 ' '	\$1.20	\$1.20	20.00	\$0.00	\$0,41	50.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srycs)	Ln 19 Col b x String 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	\$8,52	\$1,28
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155,21		1	I	1		l		VV-	

Provid Prvdr			Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
F¥VGI	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 31,4% 2,76	18.37% 2.5% 3.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI: Vght Options:		1.1147 1.5979 1.6275	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
	:		а	ь	С	d	е	f	g	9	ħ	i i
CAS	E MIX BASED RATE CALCULATIONS					1			:			;
1 Cr	ost Center Peer Groups	(see Policy Manual)		1		2	1			l		s 1
, , 00	Type of Facility within Peer Group	(see Funcy Martual)		All Facilities	All Escilitor	Free Standing	7 All Facilities	. 1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group	:				All Bed Sizes	All Bed Sizes	All Bed Sizes				
Pe	eer Group Standards & Efficiency Measure Limits		i					·				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 : /	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
Ba	ase Period Per Diem Allowed Amounts			'		1		<u> </u>				Ì
	As Filed Cost Center Costs (Routine & Special Srvcs 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
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)	1		1
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	S0		\$177,799		\$245,532	\$40,343	(\$15,273)	1
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19.464	41,004,551		\$211,340	Q 7 1 1 1 1 Q	\$100,122	9240,032	340,343	\$0	\$15,273
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days	13,707	;		:			;	19,564		
9 : 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12	4,02.0	1.1147		310.01	Ψ11.11	(Mass Lary	\$12.01	\$2.00	\$0.00	\$0.70
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99		1						
12 : 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	90.00 N/A	φυ.ις
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$103.31	\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2.06	6.13	\$0.78
		!	*******			1.0.0	\$17.17 1		Ψ12.01	Ψ2.00	(FRV)	, 90.70
	uarterly Per Diem Rate Prior to Add-ons	· · · · · · · · · · · · · · · · · · ·				·					, ,	
	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
	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6275</u>		1		l .	i			
18 19 (Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr ≃ Ln 16	2400.00	\$96.30								:
13 (Content Medicald CIMA MIDWAG LAT DIGHT	NO - Eli 10, AllOllif - En 16	\$157.77	\$96.30	\$0.00	\$16.54	\$21.03	\$0.00	\$14.93	\$2.06	\$6.13	\$0.78
	uarterly Per Diem Add-on Amounts					:		1				:
	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	:
,	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41		: i						
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.89	\$2.89		: !						
23 1	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 Q ı	uarterly 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	
26 O	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123,45			-						

i	ovider: Covenant Dove - Macon vdr ID: 00141523A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		with Allowance: trly BIMS score		Add-on Percent 18,37% 2.5% 2,0%	*****	Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility <u>Specific</u> 1.5027 1.8315 1.8662	State- wide 1,4014 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-PŁ Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	1	g		h	i
CA	SE MIX BASED RATE CALCULATIONS											
	Cast Cast Cast Cast Cast Cast Cast Cast											
' :	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standina	1 All Facilities	1 All Facilities	1			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
, ,	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	so	so	\$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								, ,	11
j	Total Nursing Facility Days GL-PL Ins. Apt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days							-	30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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							•	7
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$64,79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64,79	\$0.00	\$14,21	\$20.03		\$25,56	\$0,39	\$18,99	\$1.3
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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	\$1,35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,4%	Ln 14 x Grwth Allwing %	500.00	611.00	***	00.04						
16	CMA Allowed Per Diem (Atter Growth Allowance Add-on)	Ln 14 + Ln 15	\$22.60 \$156.31	\$11,90 \$76,69	\$0.00 \$0.00	\$2.61 \$16.82	\$3.68 \$23.71	\$0.00	\$4.41	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.31	1,8662	\$0.00	\$10,82	\$23,/1	\$0.00	\$28,43	\$0.39	\$8,92	\$1.3!
18	Ortrly Routine Srvcs 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	64.00
			V	Ç,140.112	\$0.00	\$10.02	\$20.71	\$0.00	\$20.43	\$0.05	\$6.52	\$1.35
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					İ	\$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		***************************************					1		

Provider: Crestview Nursing Facility		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID: 00273567A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: Itrly BIMS score	N/A 32.8% 2.73	18.37% 2.5% 3.0%	Orthy Meaid		d Overali CMI: Medicaid CMI: Work Options:		1,1823 1.3887 1,4115	1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1	а	. b	. c	d	е	f	g	<u>;</u> g	h	#ISUI ance
CASE MIX BASED RATE CALCULATIONS								; <u> </u>			<u>'</u>
1 Cost Center Peer Groups	Delle Manuell	}	:			_					
Type of Facility within Peer Group	(see Policy Manual)		. 1 . All Facilities	All Facilities	Hosp Based	1	1	1			
Bed Size Range within Peer Group	1	I	. All Bed Sizes	All Bed Sizes		All Facilities All Bed Sizes	: All Facilities : All Bed Sizes	All Facilities All Bed Sizes	:		
Peer Group Standards & Efficiency Measure Limits	1	1	:		1	All Deb Cizos	: An Dec Sizes	All Dell Digos	1		
2 Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			!
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	· .		
Base Period Per Diem Allowed Amounts								•			
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	. As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$17,345,050.00	\$9,275,318		E4 604 640	#4 pra oor	. 64 050 400				
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	011,010,000.00			\$1,621,649		\$1,053,129		\$155,956	\$518,911	\$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$1,737,823) \$15,607,227	\$610,837) \$8,664,481		(\$349,850)	(\$63,040)		,		(\$267,314)	
8 Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009	. \$0,004,401	. 30	\$1,271,799	\$1,194,055	\$876,103	\$3,189,154	\$155,956	\$251,597	\$4,082
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL ins Rpt Days	69,009						:	101 100		
9 Net Per Diems prior to Case Mix Adistmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)		101,433	** **	
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	. \$655,14	1.1823	\$0.00	\$14.29	\$23.26	(With LGH)	\$35.83	\$1,54	\$2.83	\$0.05
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	*	\$82.33		1				:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0.00	\$14.29	\$23.26	: !		64.54	£0.00	
13 Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits	•	\$71,51	\$0.00	\$29.15	\$23.20		\$35.83	\$1.54	\$2.83	\$0.05
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	\$0.00	N/A	
		\$ (40.0)	ا (دیانوا	. 90.00	314.29	\$25.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05
Quarterly Per Diem Rate Prior to Add-ons		:		:	i .				.	(CRV)	
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 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 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	:	:	i				: : !				
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Sivs)		\$2.99	\$2.99		40.22	\$5.00	Ψ0.00	. 90.00		Φ0,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58	I	1		:	1			
23 Nursing Home Provider Fee	(Fixed Amount)	\$0.00		:	÷ :			\$0.00	1		
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	\$0.00
	// + 06 1 - 00\ 10.75			. +0.00	+11114	941,33	20.00	424.34	31.04	\$9.63	\$0.05
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.71									

Provide Prvdr IE			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0			Facility Specific	State- wide
1 1701 12	Case Mix Per Diem Rate Effective Date:	1/1/2021		trlv BIMS score	50.0%	5.5%			d Overall CMI: Medicaid CMI:		1.4206 1.8677	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		4.14	3.0%	Ortrly Meaid		Wght Options:		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	е	f	. g	g	h	, i
CASE	MIX BASED RATE CALCULATIONS	,							1			
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	1	1	. f		1		
	Type of Facility within Peer Group	,,,		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			1
i	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes)			
Pee	er Group Standards & Efficiency Measure Limits							1				
1	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 EI	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Bas	se Period Per Diem Allowed Amounts							1				
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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	. 50
6 Ai	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10.38
7 C	ost 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	\$10,38
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794					i				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL ins Rpt Days				: !		:		25,234		i
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
- 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4206</u>		· i		:		1		
1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11				:	:			
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
i	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	-	\$71.51	\$0.00	\$29.15	\$23.09	i	\$20.56	\$0.00	N/A	
14 B	ase 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	\$0.30
Qua	arterly Per Diem Rate Prior to Add-ons									1	(FRV)	:
15 , G	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$22.82	\$11.04	\$0.00	\$3.76	\$4.24	\$0.00	\$3,78	N/A	N/A	N/A
16 CI	MA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$159.76	\$71.15	\$0.00	\$24,21	\$27.33	\$0.00		\$2,81	\$9.62	\$0.30
17 ,	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9036				ĺ	:		*	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.44		1				: !		
19 Q	uarterly 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
Qua	arterly Per Diem Add-on Amounts	i				1		:	!			
- 1	fficiency 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	
	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.45	\$7.45	*****	: :					55.55	
22 N	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.06	\$4.06		1			!			
23 N	ursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10			
24 To	otal 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 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.23			<u></u>		J.	:	<u> </u>		<u>:</u>

1	rovider: Cross View Care Center		Add-on Data and P	ercentages rth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:		Facility Specific 1,1512	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours p		ly BIMS score	25,4% 2.81	1.0%	Ortrly Meaid	Quarterly i	Medicaid CMI: Wght Options:		1.3611 1.3832	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
<u></u>			а	b	С	d	e	1	g	g	ħ	ı
C	ASE 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 Ali Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities	1 All Facilities			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	All Bed Sizes	All Bed Sizes 50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	6004.070	6007.054	*****	****	240 700		
6	Audit Adjustments and Reaflocations to Cost Center Costs	FY13 C/R Audit Adjstmts	\$1,899,677	\$760,302	\$0 \$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0 \$0	\$281.878	(\$200) \$267.054	\$0 \$198,948	\$893 \$304,755	\$18,730	(\$32,517) \$36,186	\$32,517 \$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252	3700,302	\$0	\$201,070	\$20,1034	\$130,340	\$304,755	\$10,730	\$30,186	\$32,517
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days	10,202					ſ		24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 gtrs of FY10		1.1512		0,,,,,,,,	420.07	(100.00.0	\$10.75	\$0.77	\$2.20	\$2,00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23,46	\$0.00	N/A	φεισο
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 <u>Case Mix Index</u> for Medicald Residents	per Current Oir End		1,3832								
18	Ortrly Routine Srvcs 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 ((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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$1.33	\$1.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			İ			\$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									

Provider: Cumming Nursing Center Prodr ID: 00140302A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	69.2% 4.59	5.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.3016 1.5354 1.5649	1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	<u>:</u>	а	ь	С	ď	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS	:		:		1				:		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	. 2	1		i			
Type of Facility within Peer Group	(See Folicy Manual)		. All Facilities	All Facilities		7 All Facilities	1 All Facilities	: 1 : All Facilities			
Bed Size Range within Peer Group			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								!			i
5 As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$266,253)	(\$5,834)	\$0		(\$92,450)	1 1	(\$40,099)	401,320	(\$148,090)	\$29,816
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0		\$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		•		*	;		401,020	4120,010	. 425,010
Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days				1			1	41,766		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1		i ,			V 1.23	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94		1						
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stycs)	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	\$0.95
Quarterly Per Diem Rate Prior to Add-ons					i i					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$23.35	640.44	40.00				:			:
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$23.35 \$162.76	\$13.14 \$84.65	\$0.00 \$8.00		\$4.00	\$0.00	\$2.83	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$102.70	1.5649	\$0.00	\$21.79	\$25.80	\$0.00	\$18.24	\$1.48	\$9.85	\$0.95
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 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
		72.4.00		4 0,00	72,	\$2.0.00	UU.UU	ψ10.24 :	. ⊕1. 40 ,	49.00	30.90
Quarterly Per Diem Add-on Amounts 20		.			1 1				. !		
The state of the s	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	:
	:	\$7.29	\$7.29								
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.97	\$3.97					:			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10		***		a n		\$17.10	<u>.</u>		
		\$29.14	\$11.26	\$0.00		\$0.41		\$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									

	vider: D. Scott Hudgens Center for Skilled Nursing dr ID: 000815493B Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hol		owth Allowance: trly BIMS score	Facility Score N/A 42.9% 4.75	Add-on Percent 18.37% 2.5% 3.0%	*****	Quarterly I	d Overall CMI Medicald CMI		Facility Specific 1.3112 1.5460	State- wide 1.3617 1.5438
· · · · · · · · · · · · · · · · · · ·	mos a rober ins bata per quarter Entering.	Truise Fior	ors per on-site bay.Q	oally incentive.	4.75	3.0%	Qitily Meald	CMI W RUG	Wght Options:		1.5718	1.5713
Line #	Description	Sources / Calculations	. Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	ь	С	ď	е	f	g	9	h	i
CA	SE MIX BASED RATE CALCULATIONS		İ	:								
1	Cost Center Peer Groups	(see Policy Manual)	i	. 1	1	٠, ,	1	1	1			
- 1	Type of Facility within Peer Group	(out they manaly	· !	All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	All Facilities	1		
ļ	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		-
i	Peer Group Standards & Efficiency Measure Limits					: !		\$ 5		1]
2	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	1 :		1
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	İ	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
	Base Period Per Diem Allowed Amounts		i					!				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	· : \$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)		\$0	\$0	\$0	\$0	(\$4,307)	\$ 1 min 1 mi	(\$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	
8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5.856	. 4010,002		\$52,100	402,321	\$120,011	. 4010,547	\$2,303	\$116,911	\$10,65
	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 Adistmt to Routine Srvcs	Ln7/Ln8Cola	\$228.72	\$105.54	\$0.00	\$15,74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	VELOTIE	1.3112		\$10.74	\$31.0 4	(MAIN COLL)	355.01	\$0.21	\$19.90	. 3-1.6
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$80.49								:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$80.49	\$0,00	\$15.74	\$31.84		: \$53.61	\$0.21	\$19.96	\$1.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	1 1	\$19.96 N/A	\$1.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23.09		\$20.56	1	28.24	\$1.8
	, in the second		:		. 40.00	¥10.14	QE0.03	!	920,30	. \$0.21	26.24 (FRV)	
	Quarterly Per Diem Rate Prior to Add-ons			i					:		,,,,,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.05	\$13.14	\$0.00		\$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	\$185.22	\$84.65	\$0.00	\$18.63	\$27.33	. \$0.00	\$24,34	\$0.21	\$28.24	\$1.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	:	<u>1.5718</u>				:		1		i
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.05	1	:				1		i i
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$233.62	\$133.05	\$0.00	\$18.63	\$27.33	\$0.00	\$24.34	\$0.21	\$28.24	\$1.8
1	Quarterly Per Diem Add-on Amounts									1		1
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	1	\$0.00	!
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.33	\$3.33					. +2.00	1	40.00	[:
22	Nurse Staff Hrs / Quality Add-on Per Diern : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99		1			1	1		!
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1 1		i
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	\$0.0
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	1	\$28.24	\$1.8
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.87								44.44	71.0

Provider:	Dade Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID:	00142865A			with Allowance:	N/A	18.37%			3 Overali CMI;		1.2764	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	43.2%	2.5%			Medicaid CMI:		1.7579	1.5438
	MDS & Nuise his Data per Quarter Ending.	U9/30/20 Nuise Hour	s per On-Site Day/Q	uality incentive:	3.18	3.0%	Orthy Moaid	CMI w RUG \	Wght Options:		1.7930	1.5713
Líne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	b	С	d	е	f	g	9	h	i
CASE M	IX BASED RATE CALCULATIONS	1				1			1			
1 Cost C	enter 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	i i		
: :	Bed Size Range within Peer Group	i		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	roup Standards & Efficiency Measure Limits	!				1						
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	i		!
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		:
. 4 <i>⊵⊞с</i> н	ency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Base P	Period Per Diem Allowed Amounts	:				;		:				
5 As Fi	led Cost Center Costs (Routine & Special Srvcs 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
	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)	1	(\$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 To	tal Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897			1		•	1			
	tal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days				:		3	1	21,687		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2764						1		
:	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.60					i	:		:
1	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75	i	\$17,47	\$6.29	\$0.42	\$0.57
	Diem Standards (After Statewide CMA for Routine Stycs)	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	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8.51	\$0.57
Quarte	rly Per Diem Rate Prior to Add-ons					:		i	1		(FRV)	
15 Grow	th Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$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 Qu	arterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7930		:			:		-	
18 Qr	trly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.36		:		İ		1		
19 Quart	terly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202,17	\$124.36	\$0.00	\$18.38	\$23.38	\$0.00	\$20.68	\$6.29	\$8.51	\$0.57
Quarte	rly Per Diem Add-on Amounts									i		
20 Efficie	ency 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	
	Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.11	\$3.11		40.LL	ψ ν. ¬ :	,		:	\$0.00 j	
22 Nurse	e Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73		1		:	:		:	
23 Nursi	ng 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 Quarte	rly 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 Quarte	rly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.91			<u>: </u>	, , , , , , , , , , , , , , , , , , , ,	 	i	1 1 1	12.41	13.00

	vider: Dawson Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((*	Facility Specific	State- wide
. Prv : :	dr ID: 00140808A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Endino:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score	N/A 37.8% 4.00	18.37% 2.5% 3.0%	Ortdy Meain		d Overall CMI Medicaid CMI Waht Options:		1.2140 1.5684 1.5951	1.3617 1.5438 1.5713
Line			· · · · · · · · · · · · · · · · · · ·	Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
	AVPARAMENTALISM		a	b	C	d	е	f	; 9	g	h	i
CA	SE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)	:	1	1	2	1	: 1				
:	Type of Facility within Peer Group			All Facilities	All Facilities	Free Stending	All Facilities	All Facilities	. All Facilities	1		
: [Bed Size Range wilhin Peer Group		i	All Bed Sizes	All Bed Sizes	All Bad Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
. I	Peer Group Standards & Efficiency Measure Limits				:	: !			į	1		
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	-		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	•			i					. 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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				·,		:		4202,120	. 410,000
; i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days				: :		I	:	24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 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	1.2140		1 11	*				VIVILLE	40.15
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59	 							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	40.13
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		8.22	\$0.73
	Overdeels Des Biens Bets Belands Add	-				1			!	:	(FRV)	40.70
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %		:	: 			1				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	. Ln 14 + Ln 15	\$19.13	\$10.40	\$0.00		\$3.06	\$0.00	\$2.92		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$135.27	\$66.99	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81	\$3.07	\$8.22	\$0.73
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17	!	1.5951		1			!			
19	Quarterly Medicaid CMA Allowed Per Diem	: RS = 1.π 18, AllOthr = Ln 16	\$175.14	\$106.86 \$106.86	\$0.00	\$17.74	\$19.71	\$0.00	\$18.81		60.00	
	•	:	\$175.14	3100.00	φυ.σσ	\$17.74	\$19.71	30.00	\$18.81	\$3.07	\$8.22	\$0.73
	Quarterly Per Diem Add-on Amounts		i I	-	i.							!
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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67		1			İ	1		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.21	\$3,21	:	1			i			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
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							· .		
			2									

	ovider: Decatur Health and Rehab Ctr		Add-on Data and		Facility <u>Score</u>	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Pr	vdr ID: 00059452A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI:		1.7909	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q	trly BIMS score uality incentive:	34.7% 3.71	2.5% 2.0%	Ortrly Meald	CMI w RUG \	Medicaid CMI: Wght Options:		1.7362 1.7689	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		a	ь	С	đ	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS		1									!
-	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				I
	Type of Facility within Peer Group	(see roacy Manual)	:	All Facilities		Free Standing	1 All Facilities	: All Facilities	All Facilities			
	Bed Size Range within Peer Group		•	All Bed Sizes		All Bed Sizes	All Bed Sizes	•	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		1	:		· 1		:	1			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		!
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
; 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts					:		:				
5	As Filed Cost Center Costs (Routine & Special Sives 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	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	1	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853							1	*	40.1200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days			:	1		:		24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30		\$9.39	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	I .	1.7909							*****	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	ı	\$50.24				-		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Savcs	RS = Ln 11, AllOthr = Ln 9	1	\$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 Srvcs)	per Peer Group Limits	I	\$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	\$1.55
ì	Quarterly Per Diem Rate Prior to Add-ons		I.	:		1		:		1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19,14	\$9.23	\$0.00	62.20	60.04	#A AA	. 60.70			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.13	\$59.47	\$0.00		\$2.81 \$18.09	\$0.00	\$3.78	4	N/A	N/A
. 17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Olr End	. \$130.13	1.7689	30.00	\$21,31	\$10.09	\$0.00	\$24.34	\$0.11	\$13.20	\$1.55
18	Orthy Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x £n 17		\$105.20		1			1	1		:
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
	One-date De-Direct Add as Assessed					1	4-3.00			1	Ų.J.20	Ψ
i no	Quarterly Per Diem Add-on Amounts	(D-V								i i		
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 Sivs)	En 19 Col b x CPS Add-on	\$2.63	\$2.63		1		:	1	1		
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on	\$2.10	\$2,10		1		:	1	1 .		
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Les 20 thru 23	\$17.10	:					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		\$22.99	\$5.26	\$0.00		\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Lr. 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							.,,,		
	<u></u>		:	_								

Provider	, , , , , , _		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID	 00395161A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 	1/1/2021 09/30/20 Nurse Ho		owth Allowance: tirly BIMS score tuality Incentive:	N/A 15.2% 3.64	18.37% 0.0% 2.0%	Ortrly Meaid		i Overall CMI: Medicaid CMI: Waht Options:		1.2576 1.5199 1.5460	1.3617 1.5438 1.5713
Line i	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	c	ď	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS		:			1						
1 Cost	t Center Peer Groups	(see Policy Manual)			1			į .	:	: I		
	Type of Facility within Peer Group	(see Folicy Islandar)	:	All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	. 1 . Ali Facilities			1
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	r Group Standards & Efficiency Measure Limits						7.11 D.33 O.203	!	AN DEG GIZES	1		(
	eer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	i .	50.0%	1		1
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1 :		
4 Eff	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts		•					:				
	Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,648,011.00	\$1,978.046	\$0	\$557,581	\$325,331		6750.400			
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)		\$0 \$0	\$037,361 \$0		\$332,932	\$752,169	\$29,732	\$672,220	\$0
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0 \$0		(\$6,330) \$319,001	(\$6,478) \$326,454	(\$121,891)		(\$515,944)	
	Total Nursing Facility Days As Filed Days = 23,172	FY12 Audited C/R Days	23,172	ψ1,373,337	40	\$337,351	\$218,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days	1			:						
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	21,614	¢0.74	
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	,	1.2576	\$0.00	\$24.00	\$21.03	lww ran h	\$27.20	\$1.38	\$6.74	\$0.93
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$67.93				i	1	1		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$67.93	\$0.00	\$24.06	\$27.85		\$27.20	\$1,38	\$6.74	
13 Per	er Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	•=	\$6.74 N/A	\$0.93
14 Ba	se 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	\$0.93
	dada Bar Dian Bara Bita at A A A				40.00	V 10.11	Q20.00		. 420.00	J1.30	9.39 (FRV)	\$0.93
	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18.37%	Land And Court Alberta	:			1		:]		l	(,,,,,	
	owth Allowance Percentage = 18.37% #A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$23.88	\$12.48	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$165.57	\$80.41	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1,38	\$9.39	\$0.93
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	1.5460		1		:		1		
	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$124.31								
	anony medical distransment of Diens	13 - Lii 10, AllOllii - Lii 16	\$209.47	\$124.31	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$1.38	\$9.39	\$0.93
4	rterly Per Diem Add-on Amounts									<u> </u>		İ
	ficiency 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	•
1	MS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$0.00	\$0.00						:		:
	rrse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.49	\$2.49		: 1						•
1	rsing Home Provider Fee	(Fixed Amount)	\$17.10			i i			\$17.10			
	tal 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 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$229.59	\$127.33	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$1.38	\$9.39	\$0.93
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.37			<u> </u>				<u> </u>		

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivarii	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 37.9%	18.37% 2.5%			d Overall CMI: Medicald CMI:		1.2475	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.95	3.0%	Ortrly Moaid		Medicald CMI: Mght Options:		1.4439 1.4676	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
<u>!</u>			а	b	С	d	е	f	9	g	h	j
CASE	MIX BASED RATE CALCULATIONS								:			i
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	. 1	1	1		
i	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	. All Facilities			
	Bod Size Range within Peer Graup			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes	1		
	er Group Standards & Efficiency Measure Limits									:		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0%			
i	•	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
;	se Period Per Diem Allowed Amounts					1		i I				
5 A	As Filed Cost Center Costs (Routine & Special Sives 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	\$880,619	\$54,596	\$461,422	
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)	i i	(\$192,666)	\$41.4
	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	\$41,4
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854		:	: :		i.	-			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days							-	38,265		
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2475</u>	l -					1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76					:	1		C
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00		\$20.35		\$18.53	\$1.43	\$6.42	\$0.
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	N/A	
14 : Ba	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16	\$0.9
Qua	arterly Per Diem Rate Prior to Add-ons	:		i		1		:		1	(FRV)	l
15 G	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/
16 Ci	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	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4676</u>				i.	:			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$109.03	:							
19 Q	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$187.39	\$109.03	\$0.00	\$19.76	\$24.09	\$0.00	\$21.93	\$1.43	\$10.16	\$0.9
Qua	arterly Per Diem Add-on Amounts	:						:	:	1		
20 E	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 BI	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Łn 19 Col b x CPS Add-on	\$2.73	\$2.73				:			\$3.00	
22 N	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27				:	:			
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		! !
24 To	otal 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	\$0.0
25 Q ua	arterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$212.02	\$115.56	\$0.00	\$19.98	\$24.50	\$0.00	\$39.40	\$1.43	\$10.16	\$0.9
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.19			· · · · · · · · · · · · · · · · · · ·		}	<u> </u>	·		
		,,	4.70.10									

	Douglasville Nursing and Rehab Ctr. 00141083A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	MI) Data		Facility Specific 1.5626	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	19.9% 3.65	0.0% 2.0%	Ortrly Moaid		viedicaid CMI:		1.4645 1.4912	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
i			а	b	C	d	е	f	g	9	h	i
CASE MIX	X BASED RATE CALCULATIONS			· '		1					1	
1 Cost Ce	inter Peer Groups	(see Policy Manual)		1	1				_	1	!	
	ype of Facility within Peer Group	(see Folicy Manual)		All Facilities		2 Free Standina	1 All Facilities	1 All Facilities	All Facilities			
В	led Size Range within Peer Group	:		i		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
Peer Gr	oup Standards & Efficiency Measure Limits	:				:						
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	t L	:	
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	t .		
4 Efficier	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Pe	riod Per Diem Allowed Amounts	<u>:</u>		i .		()				:		
5 As File	ed Cost Center Costs (Routine & Special Srycs 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
	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)		(\$128,218)	φυ \$105.988
7 Cost C	Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	, , ,	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8 Tota	al Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943		-	1	4100,010	• • • • • • • • • • • • • • • • • • • •	91,712,021	450,700	ψ032,1 T4	\$100,900
Tota	al Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PŁ Ins Rpt Days	. ,						:	84,849	:	
9 Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Bas	e Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.5626					+		4 10.11	W1.25
	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19		1			!	1		
12 Net Pe	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1,16	\$10.41	\$1.29
13 Per Die	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	•
14 Base F	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	\$1,29
Quarter	ly Per Diem Rate Prior to Add-ons			:				,		:	(FRV)	
	Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$18.75	\$10.32	\$0.00	60.70	***	**				
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.63	\$66.51	\$0.00	\$2.76 \$17.78	\$2.50 \$16.13	\$0.00	\$3.17	N/A	N/A	N/A
	rterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ157.00	1.4912	φυ.υυ	\$17.70	\$10.15	\$0.00	\$20.41	\$1.16	\$14.35	\$1.29
	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.18		: 1			:			
	rly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$170.30	\$99.18	\$0.00	\$17.78	\$16.13	\$0.00	\$20.41	\$1.16	\$14,35	\$1.29
	L. D Dr A. Fr A.				41.00		4.5.10	40.00	\$20.41	410	\$14,33	Ψ1.29
	ly Per Diem Add-on Amounts	Inno Dalino Manusali				1 22.1						
	ncy Add-on Per Diem {{Stnd - Alwd}x .75, up to max, or 0} Add-on Per Diem = 0.0% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	Add-on Per Diem = 0.0% (to Routine Srvs) Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$0.00	\$0.00						1	:	
	g Home Provider Fee	(Fixed Amount)	\$1.98 \$17.10	\$1.98		1				, i	i	
	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$2.51	\$0.00	\$0.22	80.44	60.00	\$17,10	60.55	en 3	
	v Case Mix Based Per Diem Rate	Ln 19 + Ln 24					\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
		LII 19 7 LII 24	\$190.91	\$101.69	\$0.00	\$18.00	\$16.54	\$0.00	\$37.88	\$1.16	\$14.35	\$1.29
26 Quarterl	y Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.36									

Case Mix Per Diem Rate Effective Date: 1/1/2021 Qtrly BIMS score 40.9% 2.5% Quarterly Medicaid CMI: 1.7159 MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.02 3.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.7489 Line Description Description Sources / Totals Services Services Services Services Services Services Services Totals Services Servic	P	ovider: Dublinair Health & Rehab Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Case May Per Diem Albert Edward Pale Edward College	Pi	vdr ID: 00059947A		Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.2467	1.3617
Description Description									Quarterly I	Medicaid CMI:		1.7159	1.5438
Description Sources Calculations Page Calculations Page Calculations Page Calculations Page		MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hor	urs per On-Site Day/Q	uality Incentive:	3.02	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:		1.7489	1.5713
Case MIX BASED RATE CALCULATIONS Case Policy Manual) Case Po		Description		Totals			Dietary		Operatns	and		and	Taxes and Insurance
1 Cost Content Pear Croups Cost Policy Manual) Fast Surprise Pear Croups Fas				а	ь	c	d	е	, f	g	g		I
Cost Center Pace Croups Cost Center Pace Croups First Subject Pace Pace First Subject Pace Pace First Subject Pace Pace Pace Pace Pace Pace Pace Pace	С	ASE MIX BASED RATE CALCULATIONS		!									
Pymore Finally within Proc Group All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Bad Sizes	_ : 1		(ena Policy Manual)	}				4					
Bod Size Range within Peer Group Real Bod Size Range within Peer Group Standards & Efficiency Measure Limits Gee-Policy Namual (see-Policy Namual) G		•	(ddo'r dia) Harlear)	1			- :	•			:		
Peer Group Standards: Percentible (see Policy Manual) (see P				1									:
Peer Group Standards: Procentible (see Policy Manual) 100.0%		Peer Group Standards & Efficiency Measure Limits		•			:						
Per Group Standards: Multiplier (see Policy Manual) 100.0%	2		(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
Base Period Per Diem Allowed Amounts	3		, , ,								1		
6 As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed FV12 CIRPY 2019 61-PL Rpt \$5,803,623.00 \$3,311,191 \$0 \$767,037 \$393,998 \$396,702 \$10,204 \$6,905 \$6,005 <td>4</td> <td>Efficiency Measure Maximums (see line 20 for actual)</td> <td>(see Policy Manual)</td> <td></td> <td>\$0.53</td> <td>\$0.00</td> <td>\$0.22</td> <td>\$0.41</td> <td>:</td> <td>\$0.37</td> <td>:</td> <td></td> <td></td>	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	:		
Audit Adjustments and Reallocations to Cost Center Costs		Base Period Per Diem Allowed Amounts							•	İ			
6 Audil Adjustments and Reallocations to Cost Center Costs FY12 CM Audil Adjustments FY12 Audiled CIR Days FY12 Audiled CIR Days Total Nursing Facility Days As Field Days = 48,493 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days FY12 Audiled CIR Days As Field Days = 44,995 FY12 Audiled CIR Days F	5	As Filed Cost Center Costs (Routine & Special Srvcs 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
Cost Center Costs After Audit Adjustneems	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11.507)	(\$120,426)			
Total Nursing Facility Days	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R				and the second second	, , ,			\$191.204	,	\$47,431
9 Net Per Diems prior to Case Mix Adjistnt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499								******	
Net Per Diems prior to Case Mix Adjistnt to Routine Srvcs Ln 7 / Ln 8 Col a S116.74 S67.90 S0.00 S15.83 S16.02 (mish Lett) S11.53 S4.25 S0.23		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days	1							44.985		
Base Period Facility Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116.74	\$67.90	\$0.00	\$15.83	\$16.02	(with L&H)	\$11.53		\$0.23	\$0.98
11 Routine Srvos Case Mix Adjistd (CMA) Net Per Diem	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	1	1.2467							75.25	42,110
13 Per Diem Standards (After Statewide CMA for Routine Sroses) per Peer Group Limits S71.51 S0.00 \$18.41 \$23.09 \$20.56 \$0.00 NIA Base Périod Case Mix Adjusted Allowed Per Diem Losser of Ln 12 or Ln 13 S111.06 S54.46 \$0.00 \$15.83 \$16.02 \$11.53 \$4.25 7.99 Quarterly Per Diem Rate Prior to Add-ons	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1			:		:				
Per Diern Statewards (After Statewards CMA for Routine Srives) por Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 \$N/A	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
14 Base Period Case Mix Adjusted Allowed Per Diem Losser of Ln 12 or Ln 13 S11.06 S54.46 \$0.00 \$15.83 \$16.02 \$11.53 \$4.25 7.99	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20,56	\$0.00		V
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Aliwnc % \$17.97 \$10.00 \$0.00 \$2.91 \$2.94 \$0.00 \$2.12 N/A N/A	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99	\$0.98
15 Growth Allowance Percentage = 18.37%		Quartedy Box Diam Bate Bries to Add one					1				: :	(FRV)	, , , , ,
CMA Allowed Per Diem (After Growth Allowance Add-on)	15	•	in 14 v Gouth Allume %	£47.07			60.04	60.04	50.00	****			
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Olr End 1.7489 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 S112.73 19 Quarterly Medicaid CMA Allowed Per Diem Rise Ln 18, AllOthr = Ln 16 \$177.30 \$112.73 \$0.00 \$18.74 \$18.96 \$0.00 \$13.65 \$4.25 \$7.99 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [Istnd - Alwal] x.75, up to max, or 0) {see Policy Manual} \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x Sting Add-on \$2.82 \$2.82 22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.38 \$3.38 23 Nursing Home Provider Fee [Fixed Amount] \$17.10 24 Total Quarterly Per Diem Add-on Amounts \$0.00 \$17.47 \$0.00 \$0.00 25 Quarterly Case Mix Based Per Diem Rate													N/A
Curtry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		·		\$129.03		30.00	\$10.74	\$10.90	\$0,00	\$13.05	\$4.25	\$7.99	\$0.98
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 \$ Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [Stnd - Alwd] x .75, up to max, or 0)		-	F						:		: :		
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.82 </td <td></td> <td></td> <td></td> <td>\$177.30</td> <td></td> <td>50.00</td> <td>\$18,74</td> <td>\$18.96</td> <td>\$0.00</td> <td>\$13.65</td> <td>\$4.25</td> <td>\$7.99</td> <td>\$0.98</td>				\$177.30		50.00	\$18,74	\$18.96	\$0.00	\$13.65	\$4.25	\$7.99	\$0.98
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)		Quarterly Per Diem Add-on Amounts									1	455	1
21 BIMS Add-on Per Diem = 2.5% (to Routline Srvs)	20		(see Policy Manual)	₹ 1 €2	\$0.52	50.00	\$0.00	# 0.44	en no	60.07	:	60.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)						\$0,00	φυ.22	₽ 0.41	\$0,00	\$U.37	1	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10							:		:	1			
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 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		;		,	33.36					\$17.40	·		
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		. •			\$6.73	\$0.00	\$0.22	\$£ 14	\$0.00	1	\$0.00	የ ስ ሳሳ	\$0.00
7.00.0 0.00 0.00 0.00 0.00 0.00 0.00 0.										·	1		\$0.98
Lo Squarterly mer Diem Kate for Bed Hold and Leave Days (Ln 25 - En 23)* 0.75 \$138,77				1	7110,40	40.00	ψ10.30	\$13.31	\$0.00	\$31.12	34.23	\$1.99	30.98
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.77									•

Prof. 17 18 18 18 18 18 18 18	Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	•	Facility Specific	State- wide
Description Sources Totals Sources S	Prvdr I	Case Mix Per Diem Rate Effective Date:		Q	trly BIMS score	23.9%	1.0%	Ortrly Moaid	Quarterly I	Medicaid CMI		1.8389	1.3617 1.5438 1.5713
Control Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups Pear Groups Standards & Efficient Pear Groups Pear Groups Standards & Efficient Pear Groups Pear Groups Standards & Efficient Pear Groups Pear Groups Standards & Efficient Pear Groups Pear Groups Standards & Efficient Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Groups Standards & Majfiller Pear Groups Pear Gro	Line #	Description		Totals			Dietary		Operatos	and		and	Taxes and Insurance
Cost Center Peer Groups				а	b	C	. d ,	9	f	9	g	h	i
Type of Facility within Pare Group AB Pacilities AB Paci	CASE	MIX BASED RATE CALCULATIONS		•		:	:			1			
Type of Facility with Precisions All Facilities All	1 Co:	st Center Peer Groups	(eas Policy Manual)							1			
Bed Size Range within Piece Group AB Bed Size AB Size AB S	:	•	(see Folicy Manual)	1		. Il Facilities	. – .			All Englisher	* * * * * * * * * * * * * * * * * * *		
Peer Group Standards: Percentile Geo-Pelicy Manual) 90.01% 90.01% 90.05%		Bed Size Range within Peer Group								1	İ		
Peer Group Standards: Percentilo Gee-Pelcy Manual) 90.01%	Pee	er Group Standards & Efficiency Measure Limits		1			1			1	1		
Per Group Standards: Multiplier (see Pelley Manual)			(see Policy Manual)	4	90.0%	90.0%	90.0%	85.0%		50.0%	1		
Base Period Fooling Maintrum (non in Park Special Sives Combined) As Flied FY12 CR - FY216 GL-PL Rpt \$14,272,181.00 \$8,525,338 \$50 \$1,279,369 \$404,884 \$708,673 \$2,244,089 \$5,773 \$733,055 \$404,844			(see Policy Manual)								1		
Social As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed PTZ CR Audit Adjustments and Realisocations to Cost Center Costs PTZ CR Audit Adjustments S12,427,181.00 S0,525,338 S0 S1,279,369 S494,884 S709,673 S1,994,276 S733,055 Cost Center Costs After Audit Adjustments S2,525,338 S6,525,338 S6,527,389 S494,884 S709,673 S1,994,276 S733,055 S733,055 S733,055 S2,729,899 S494,884 S709,673 S1,994,276 S733,055 S733	4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41					
6 Audit Adjustments and Reallocations to Cost Center Costs	Bas	se Period Per Diem Allowed Amounts					1		i .				
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CR Audit Adjustments SS, 254,665 S0 S0 S0 S0 S0 S0 S50	5 A	s Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181,00	\$8,525,338	50	\$1,279,369	\$494 884	\$709.673	\$2 524 080	\$5.773	\$722.055	\$0
Cost Center Costs After Audit Adjustments	6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	1								•	\$205,132
Total Nursing Facility Days As Filed Days = 73,805 FY12 Audited Circ Days 73,805 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443 FY 18 GL-PL Ins. Rpt Days FY 18 GL-PL Ins. Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443 FY 18 GL-PL Ins. Rpt Days Total Nursing Facility Case Mix Adjust to Routine Strosc Ln 7/Ln 8 Col S186.27 S115.51 S0.00 S17.33 S16.32 With L8H S27.02 S0.08 S7.23					* -	:	1 77 /						\$205,132
Total Nursing Facility Days GL-PL Ins. Rpl			FY12 Audited C/R Days		40,020,000	: 40	Ψ1,273,303	\$ -34,004	\$105,015	91,334,270	\$5,775	φ555,2 <i>1</i> I	\$205,132
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days							i	74 442		
Base Period Facility Case Mix Mindex for All Residents from 4 qtrs of FY12 1.6363	9 N			\$186.27	\$115.51	\$0.00	\$17.33	\$16.22	(with (2 ₽)	\$27.02		67.00	
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem		· · · · · · · · · · · · · · · · · · ·		\$100.E7		. 90.00	317.33	\$10.32	(WARE LOTS)	\$21.02	\$0.04	\$7.23	\$2.78
12 Net Per Diems after Case Mix Adjstmit to Routine Srvcs RS = Ln 11, AllOthr = Ln 9	11						1		ı				
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$22.09 \$20.56 \$0.00 NA 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 \$20.58 \$0.08 \$17.68 \$17.68 \$16.82 \$20.58 \$0.08 \$17.68 \$17.68 \$16.32 \$0.00 \$17.33 \$16.32 \$20.58 \$0.08 \$17.68 \$17.68 \$17.68 \$17.69 \$17.60 \$17.69 \$17.69 \$17.69 \$17.69 \$17.69 \$17.69 \$17.69 \$17.69 \$17.60 \$17.69 \$17	12 N	· · ·	RS = Ln 11. AllOthr = En 9	:		\$4.00	. ¢17.22	#1£ 22			60.00	27.00	
14 Base Period Case Mix Adjusted Allowed Per Diem		•							i				\$2.78
Counterly Per Diem Rate Prior to Add-ons CFRV				\$145.34	*								***
Company Comp		•		ψ140.04	. 970.05	. 40.00	311.33	\$10.32		\$20.56	\$0.08		\$2.78
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Facility Case Mix Adjistd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Istnd - Alwd) x. 75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Efficiency Add-on Amounts 27 August Per Diem = 1.0% (to Routine Srvcs) 28 Ln 19 Col b x Stifng Add-on 29 Efficiency Add-on Per Diem: 2.0% (to Routine Srvcs) 20 Ln 19 Col b x Stifng Add-on 21 Stifng Add-on 22 Stifng Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Case Mix Based Per Diem Rate 26 Ln 19 + Ln 24 S264.26 S161.82 S0.00 \$20.51 \$19.32 \$0.00 \$24.34 \$0.08 \$17.68									:		1	(17.17)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Olr End Quarterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$156.59 19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 \$241.30 \$156.59 \$0.00 \$20.51 \$19.32 \$0.00 \$24.34 \$0.08 \$17.68 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00		• —		\$22.93	\$12.97	\$0.00	\$3.18	\$3.00	\$0.00	\$3.78	N/A	N/A	N/A
18 Ortrly Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$156.59 \$ 19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$156.59 \$ 19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 x Ln 17 \$156.59 \$ 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) \$ 21 BIMS Add-on Per Diem = 1.0% (to Rouline Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Rouline Srvs) 23 Nursing Home Provider Fee		•		\$168.27	\$83.56	\$0.00	\$20.51	\$19.32	\$0.00	\$24.34	\$0.08	\$17.68	\$2.78
19 Quarterly Medicaid CMA Allowed Per Diem Rate RS = Ln 18, AllOthr = Ln 16 \$241.30 \$156.59 \$0.00 \$20.51 \$19.32 \$0.00 \$24.34 \$0.08 \$17.68 \$17.68 \$241.30 \$156.59 \$0.00 \$20.51 \$19.32 \$0.00 \$24.34 \$0.08 \$17.6		, ,	per Current QIr End		1.8740				:	ì	1		
Quarterly Per Dlem 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					\$156.59					•	1		
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 \$	19 ; Q	luarterly 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
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 \$	Qu	arteriv Per Diem Add-on Amounts		•			:				•		
21 BIMS Add-on Per Diem = 1.0% (to Routline Srvs)			(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0 nn	\$0.00		የ ስ ባባ	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Rouline Stros)							. 40.22	ψ0.41	. 40.00		i	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		 ` ' :					:		1				
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 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		· · · · · · · · · · · · · · · · · · ·		*** -	5 0.10					\$17.10	1.00		
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	24 T	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23		\$5.23	\$0.00	\$0.22	\$0 4 1	\$0.00			20.00	\$0.00
VIII VIII VIII VIII VIII VIII VIII VII	25 ; Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24			***************************************						***************************************	\$0.00
to duditionly her blein rate for bed note and Leave Days (Ln 25-Ln 23)*0.75 \$185.37			4 - 45 . I - 20\ 4 25		V.VUA	. 40.00		\$13.73	90.00	341.44	\$0.08	\$17.08	\$2.78
	20 UU	arterry Fer Dieth Nate for Bed Hold and Leave Days	(£n 25 - En 23) * 0.78	\$185.37									

	rovider: Eagle Health rvdr ID: 00143151A				wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Case		Overall CMI:		Facility Specific 1.3784	State- wide 1.3617
		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Qt rs per On-Site Day/Qu	rly BIMS score uality Incentive:	50.0% 3.38	5.5% 3.0%	Ortrly Mcaid	,	Medicaid CMI: Wght Options:		1.4818 1.5059	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
C	ASE MIX BASED RATE CAL	CULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group		(,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2	Peer Group Standards & Efficient Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (s	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed A	mounts											
5	As Filed Cost Center Costs (Rout		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 Reallocation		FY12 C/R Audit Adjstmts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7	Cost Center Costs After Audit Adju		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	FY12 Audited C/R Days	20,477									
	Total Nursing Facility Days GL-P	·	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix A	· ·	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$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 Case Mix In		Ln 9 / Ln 10		1.3784								
12	Routine Srvcs Case Mix Adjstd (Net Per Diems after Case Mix Adjs	, ,	RS = Ln 11, AllOthr = Ln 9		\$67.02 \$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1.33
13			per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	ъб.96 N/A	φ1.33
14	Per Diem Standards (After Statewid Base Period Case Mix Adjusted A		Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$18.41 \$15.79	\$23.09		\$20.56 \$20.56	\$4.14	9.38	\$1.33
14	Quarterly Per Diem Rate Prior to		Lesser of Life 12 of Life 13	φ136.47	φ07.02	φυ.υυ	\$15.79	φ20.23		\$20.56	Ф4.14	9.36 (FRV)	φ1.33
15	Growth Allowance Percentage =	18.37%	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 Grow	·	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 Case Mix Index	*	per Current Qtr End	ψ.σσ	1.5059	ψ0.00	ψ10.00	Ψ20.07	ψο.σσ	Ψ2σ.	Ψ	ψ0.00	ψ1.00
18	Ortrly Routine Srvcs Case Mix A		Ln 16 x Ln 17		\$119.46								
19	Quarterly Medicaid CMA Allowed F		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 Amou	unts											
20	Efficiency Add-on Per Diem ([Stno	d - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.57	\$6.57								
22	Nurse Staff Hrs / Quality Add-on P	Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on A	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 Die	em 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									

Provider	, ,		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		-	Facility Specific	State- wide
Prvario	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: trly BIMS score uality Incentive:	23.2%	18.37% 1.0% 3.0%	Qrtrly Moaid		d Overall CMI Medicald CMI Woht Options	:	1.2350 1.4433 1.4692	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
		:	а	ь	С	d	е	f	g	: g	h	1
CASE	MIX BASED RATE CALCULATIONS			-					1			
. —	t Center Peer Groups	, (D-K		1	1				:	1		
Cus	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes]
Peer	r Group Standards & Efficiency Measure Limits	•	•			:				Ι.		!
2 Pe	aer Group Standards: Percentile aer Group Standards: Multipliar Ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	I	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			· · ·
Par	e Period Per Diem Allowed Amounts	•	i f	:				:		:		
	Fried Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$5,864,202,00	\$2,508,700	\$0	\$569,553	\$422.855	\$545,988	\$1,782,433	\$0	\$34,673	
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	\$14,982	(\$72,500)		(\$447)	\$39,877	\$17,103			\$34,673 \$224	\$0 \$0
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732		\$1,813,158		\$224 \$34,897	. 50 : \$0
	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050			. 4000,100	0,02,702	. 4000,001	Ψ1,010,100	. 40	ψ3-4,031	40
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days	:			1		:	-	33,004		1
	et Per Diems prior to Case Mix Adjstmt to Routine Saves	Ln 7 / Ln 8 Col a	\$183,44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	1	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2350	i	1	•				•.,,,,	. 40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55					:			I
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$61.55	\$0.00	\$17.76	\$32.01	:	\$56.57	\$0.00	\$1.09	\$0.00
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
	ase 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
	rterly Per Diem Rate Prior to Add-ons rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Alfwng %	\$22.59	644.24		CO 00						
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$22.59 \$154.29	\$11.31 \$72.86	\$0.00 \$0.00	\$3.26 \$21.02	\$4.24 \$27.33				N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. \$154.25	1.4692	. 90.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
	Orlriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	:	\$107.05	:							
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.48		\$0.00	\$21.02	\$27.33	\$0.00	\$24.34	\$0.00	\$8.74	\$0.00
Qua	urterly Per Diem Add-on Amounts	:							1			
1 .	ficiency Add-on Per Diem ((Sind - Alvel) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0,00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,07	\$1.07				:			\$3.00	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem: 3.9% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$3.21	\$3.21		1		!				
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	1		•
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.13	\$4.81	\$0.00	\$0.22	\$0.00	\$0.00		7 1	\$0.00	\$0.00
25 Qua	ırteriy 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 Qua	urterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.13		***************************************	·····				·		·
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Provider:	East Lake Arbor		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	`MI) Data		Facility Specific	State- wide
Prvdr ID:	00140137A			wth Allowance:	N/A	18.37%			Overali CMI	.	1.2163	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score		1.0%			Medicaid CMI		1.7210	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.20	3.0%	Ortrly Meaid	CMI w RUG \			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
			а	ь	, с	d	e	, f	. g	g	ħ	į
CASE M	IX BASED RATE CALCULATIONS											
1 Cost C	Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1		:	
r i	Type of Facility within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
	Bed Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bad Sizes	: :		
Peer G	Group Standards & Efficiency Measure Limits					:						
2 Peer	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effici	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base f	Period Per Diem Allowed Amounts											
5 As F	iled Cost Center Costs (Routine & Special Srvcs 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 Audi	t Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	4	\$513,474		\$236,034	\$50,727
8 To	otal Nursing Facility Days As Filed Days = 31,750	FY12 Audited C/R Days	31,750									444,
To	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days							-	28,504	:	
9 Net F	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2163	1						***	••
11 - R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69		1						
12 Net I	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$60.69	\$0.00	\$16,34	\$18.56	·	\$16,17	\$3.96	\$7.43	\$1.60
13 Per f	Diem Standards (After Statewide CMA for Rouline Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		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	\$1.60
Ound	erly Per Diem Rate Prior to Add-ons				•	1				1	(FRV)	
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$11.15	\$0.00	62.00	#2.44		60.07			
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.46	\$71.84			\$3.41	\$0.00	\$2.97		N/A	N/A
	uarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$147.40		\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.7543	:	1			!			
	rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.65	\$126.03 \$126.03	\$0.00	\$19.34	\$21.97	\$0.00	\$19.14	\$3.96	\$9.61	\$1.60
	erly Per Diem Add-on Amounts										45.61	Ţoo
	iency 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	
	S Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26	30,00	50.22	ŞÚ.41	. 30.00	au.37	1	DO:00	
	te Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.78	\$3.78		1		:	:	1		
	sing Home Provider Fee	(Fixed Amount)	\$17.10	. 93.76	•	1			\$17,10			
	Il Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$23.67	\$5.57	\$0,00	\$0.22	\$0.41	\$0.00	\$17.40		\$0.00	\$0.00
<u>. </u>	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.32	\$131.60		\$19.56	\$22.38	·	\$36.61	\$3.96	\$9.61	\$0.00
 				. 7101.00		410.00	422.30	30.00	. 930.01	\$3.50	\$3.01	\$1.0U
∠o Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.17									

l .	ovider: Eastman Healthcare vdr ID: 00141974A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtrl	th Allowance: ly BIMS score	Facility Score N/A 23.3% 2,84	Add-on Percent 18,37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1568 1.4954 1.5226	State- wide 1,3699 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	С	ď	е	ŧ	g	9	h	ı
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Paer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	400,20	(\$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 Srvcs	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		<u>1.1568</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (Alter Statewide CMA for Routine Srvcs)	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	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 (Atter 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 Medicald Residents	per Current Qtr End		<u>1,5226</u>			_					13.32
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.21				f -				
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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89	φυ.00	J	ψ0,41	Ψ0.00	90.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			1 7 - 7 - 7	4	72.20	1	1 7.100	47,04	1

Line Description	Provider: Eastview Nursing Home Prvdr ID: 00140885A Case Mix Per Diem Rate Effective Date:	1/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 58.0%	Add-on <u>Percent</u> 18.37% 5.5%	Cas		:MI) Data d Overall CMI: Medicaid CMI;		Facility Specific 1.4001 1.5264	State- wide 1.3617 1.5438
Lime Description Sources Orall Several Sever							Ortrly Moaid					
Cost Entire Part Groups	Line Description		Totals			Dietary	•	Operatris	and		and	
1 Control center Pear-Groupes Exemple Pearling Manual) Fig.			а	b	c	ď	е	f	g	9 ;	h	í
Process Proc	CASE MIX BASED RATE CALCULATIONS		!						:			
Real Size Range within Proof Congress Real Size Range within Proof Congress Real Size Range within Proof Congress Real Size Range within Proof Congress Real Size Range within Proof Congress Real Size Range within Proof Congress Real Size Range within Proof Congress Real Range wit	1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Page Group Standards & Efficiently Measure Limits 100 05				All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Exem Probley Manuals 90 0% 90 0	Bed Size Range within Peer Group		: ·	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Section Part Group Standards: Multiplier (sone Policy Manusus) 100.07% 100.0	Peer Group Standards & Efficiency Measure Limits				·	1			•	1		
## Efficiency Massure Movimums (see line 20 for actual)									50.0%			
Base Period Per Diem Allowed Amounts As Fined Priz CRPr 2018 GL-PL Rpl \$3,423,853.00 \$1,789,463 \$0 \$369,801 \$231,565 \$313,337 \$583,423 \$56,881 \$50,383 \$63,833 \$686,383 \$63,833	The state of the s											
Society As Filed Cost Center Costs (Routine & Special Sirces Combined) As Filed FYZ CR - FY 2018 G.P. P.R.	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	. \$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs	Base Period Per Diem Allowed Amounts											
Cost Center Costs After Audit Adjustments	5 · As Filed Cost Center Costs (Routine & Special Srvcs 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
Total Nursing Facility Days As Field Days = 29,341 FY12 Audited CROps 29,341 Total Nursing Facility Days QL-PL Ins. Rpt In As Field Days = 25,662 FY18 GL-PL Ins Rpt Days 25,662	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
Total Nursing Facility Days GL-PL Ins. Rpt	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
9 Nel Per Diems prior to Case Mix Adjistmit to Routine Srvcs	8 Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341			1			:	:		
Base Period Facility Case Mix Aight (CMA) Net Per Diem	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days			•			i	:	25,662		
11 Routine Srvcs Case Mix Adjistrd (CMA) Net Per Diem	9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4001	:	:		1	•	:		
13 Per Diem Standards (Alter Statewide CMA for Routine Sirves)	11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56		: 1			:	1		
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$103.44 \$43.55 \$0.00 \$12.60 \$18.57 \$17.04 \$2.96 7.78 \$0.05 (FRV) Courterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allownc % Ln 14 + Ln 15 S120.29 \$51.56 \$0.00 \$14.91 \$21.98 \$0.00 \$3.13 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	i	\$43.56	\$0.00	\$12.60	\$18.57	1	\$17.04	\$2.96	\$1.15	\$0.93
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwar % \$16.85 \$8.00 \$0.00 \$2.31 \$3.41 \$0.00 \$3.13 \$1.00	13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	;	\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 18.37%	Quarterly Per Diem Pate Prior to Add-one	:	i								(FRV)	i
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S120.29 S51.56 \$0.00 \$14.91 \$21.98 \$0.00 \$20.17 \$2.96 \$7.78 \$0.50 \$0.50 \$0.00 \$14.91 \$21.98 \$0.00 \$20.17 \$2.96 \$7.78 \$0.50		Ln 14 x Grwth Allwnc %	\$16.85	. \$8.00	\$0.00	\$2.31	\$3.41	\$0.00	\$3.13	N/A	N/A	NI/A
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	· · · · · · · · · · · · · · · · · · ·						•					
18			\$120.23		ψ0.00	\$14.31	φ21.50	\$0.00	\$20.17	\$2,30	\$7.10	\$0.93
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 \$0.50 \$		·		***************************************	:	1						
20 Efficiency Add-on Per Diem (IStand - Alweij x. 75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.20 \$1.50 \$0.00 \$0.37 \$0.00 \$0.20 \$1.50			\$148.90		\$0.00	\$14.91	\$21.98	\$0.00	\$20.17	\$2.96	\$7.78	\$0.93
20 Efficiency Add-on Per Diem (IStand - Alwel) x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.20 \$1.50 \$0.00 \$0.37 \$0.00 \$0.20 \$1.50	Quarterly Per Diem Add-on Amounts					1		:	İ	1		
BIMS Add-on Per Diem = 5.5% (to Routine Sirvs) Lin 19 Col bix CPS Add-on \$4.41		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (lo Routine Srvcs)					. 40.00	VO.22	\$ 3.47		. 40.01		\$5.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.00 \$17.10		Ln 19 Col b x Stfng Add-on				1			:	1		!
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 \$0.50	, — · · · · · · · · · · · · · · · · · ·	•				÷ .			\$17.10			
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 \$0.50	,	Sum of Lns 20 thru 23		\$7.35	\$0.00	\$0,22	\$0.41	\$0.00		\$0.00	\$0.00	\$0.00
		Ln 19 + Լո 24					///	·		-		\$0.93
	26 Current Par Blanch Bart for Bart Hald and Language	# - OF 1 - 00 t 0 7F			4			1				

Provider:	Eatonton Health & Rehabilition Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr ID;			Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:		1.3434	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score	28.6%	1.0%			Medicaid CMI:		1.3266	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.02	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.3453	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	. Ь	c	d	е	f	0	a	h	insurance
CASE	MIX BASED RATE CALCULATIONS						***************************************					
-	Center Peer Groups	(see Policy Manual)			1	2	1	. 1	: 1			
. 1	Type of Facility within Peer Group	(add v allay manalay	1	All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range wilhin Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits		•			1						
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
	Period Per Diem Allowed Amounts								:			
5 As	Filed Cost Center Costs (Routine & Special Sives 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467
1	st 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
	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786					:		1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL ins Rpt Days						:		28,030		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3434</u>				!	•			
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01		: i		r r	1			
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	\$7.27	\$0.57
	r Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09	1	\$17.65	\$3.59	8.76	\$0.57
Quar	rterly Per Diem Rate Prior to Add-ons		1	· ·				t .	•	;	(FRV)	
15 Gro	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$20.14	\$10.84	\$0.00	\$2.74	\$3.32	\$0.00	\$3.24	N/A	N/A	N/A
16 CM	AA Allowed Per Diern (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 0	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3453								
: 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.97		1				: :		
19 Qu	arterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$166.82	\$93.97	\$0.00	\$17.63	\$21.41	\$0.00	\$20.89	\$3.59	\$8.76	\$0.57
Quar	rterly Per Diem Add-on Amounts											
	iciency 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	i i	\$0.00	
21 BIM	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94		1		i				
22 Nu	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.82	\$2.82					1			
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1 1			\$17.10	: !		
24 Tot	tal 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 Quar	rterly 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 Ouar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.08			.i		<u> </u>				

	ovider: Effingham Extended Care Facility odr ID: 00140907A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 32.9% 4.95	Add-on <u>Percent</u> 18.37% 2.5% 7.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2538 1.2758 1.2942	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	С	d	е	f	g	g	h	i
<u>C/</u>	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(7774)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.2942								
18	Ortrly Routine Srvcs 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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	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								<u> </u>	

	ovider: Emanuel Medical Center Nursing Home vdr ID: 00140929A Case Mix Per Diem Rate Effective Date:	1/1/2021		Percentages owth Allowance: lirly BIMS score	Facility Score N/A 32.4%	Add-on Percent 18.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.1993 1.2130	State- wide 1.3617 1.5438
(MDS & Nurse Hrs Data per Quarter Ending;	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	4.52	3.0%	Ortrly Meaid	CMI w RUG \	Wght Options:		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
			а	ь	c	d	e	f f	. 9	g	ħ	i
C	ASE MIX BASED RATE CALCULATIONS							į.	[!		
:	Cost Center Peer Groups	(see Policy Manual)	i •	: 4	. 1	1	1	. 1				
	Type of Facility within Peer Group Bod Size Rango within Poer Group	(acct only manage)	I :	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities			
	Peer Group Standards & Efficiency Measure Limits		I			1						i
2	Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%		50.0%	į		•
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
	Base Period Per Diem Allowed Amounts					1				1		
5	As Filed Cost Center Costs (Routine & Special Sives 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	1
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530			1			:			İ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days		:		1		!		17,600		}
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	1.1993		: · · · · · · · · · · · · · · · · · · ·		1				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$71.52		1				1		,
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	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					i ji		i	L	1	,	:
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$26.51	\$13.14	\$0.00		\$4,24	\$0.00			N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 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 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	. Ln 16 x Ln 17 RS = £n 18, AllOthr = Ln 16	\$203.92	\$104.34 \$104.34	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.40	\$12.49	\$0.52
	Quarterly Per Diem Add-on Amounts	!				: :		:	1			
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 Srvs)	En 19 Col b x CPS Add-on	\$2.61	\$2.61		1 .						i
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.13	\$3.13				•				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10			i
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	i								
				~								

Provide Prvdr II	<u> </u>	1/1/2021 09/30/20 Nurse Ho		with Allowance: Irly BIMS score	Facility Score N/A 36.9% 2.75	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3514 1.5305 1.5582	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	AND THE RESIDENCE OF THE PARTY		a	b	C	d	e	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS				i	:			:			:
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	:
2 P	er Group Standards & Efficiency Measure Limits Per Group Standards: Percentile Per Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			: !
Bas	se Period Per Diem Allowed Amounts		:									I
, 5 A	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)	ri i	(\$35,715)	\$27,230
	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					I		•		
. !	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days						1	:	24,674		i
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0.00	\$12.71	\$16.07	(with L&H)	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88		i						
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16.07	ı	\$26.10	\$1.60	\$12.25	\$0.83
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71,51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Dierri	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
Qu	arterly Per Diem Rate Prior to Add-ons		1						:		(FRV)	
	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
	CMA Allowed Per Diem (Alter 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 Medicald Residents	per Current Qtr End		<u>1.5582</u>		1			•			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.46								
19 C	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
Qu	arterly Per Diem Add-on Amounts								1			
20 E	fficiency 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 B	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16					1			
22 N	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59					1			
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10	: :	:			:	\$17.10			
24 T	otal 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 Qu	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.90			·i			!	<u> </u>		
			.i	;								

	ovider: Evergreen Health and Rehab vdr ID: 835154999A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		owth Allowance: etrly BIMS score	Facility Score N/A 89.7% 3.62	Add-on <u>Percent</u> 18.37% 5.5% 4.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4147 1.5321 1.5617	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4147</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5617								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$162.83	\$91.09 \$91.09	\$0.00	\$16.30	\$21.99	\$0.00	\$24.34	\$1.46	\$6.85	\$0.80
	,		ψ102.00	ψ01.09	Ψ0.00	ψ10.50	Ψ21.55	ψ0.00	Ψ24.04	ψ1.40	ψ0.00	Ψ0.00
200	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	04.40	60.50	#0.00	#0.00	\$0.41	#0.00	#0.00		#C 00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$5.01	\$0.53 \$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01 \$3.64								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ3.04					\$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
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.48					<u> </u>				

Provider Prvdr ID		1/1/2021 09/30/20 Nurse Ho		owth Allowance: triy BIMS score	Facility Score N/A 29.2% 3.68	Add-on Percent 18.37% 1.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2420 1.6067 1.6356	State- wide 1,3617 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ъ	Ç	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS								1			
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			
2 Pe 3 Pe	r Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts								1			
	Filed Cost Center Costs (Rouline & Special Srvcs 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$192,745)		\$0	\$1,847	\$0	(\$1,191)	(\$199,980)	i i	(\$61,554)	\$68,976
	ost 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
and the second	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	1						:	34,265		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12 Ln 9 / Ln 10		1.2420		. :						
*	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$53.30					1	1		
	at Per Diems after Case Mix Adjstmt to Routine Srvcs			\$53.30	\$0.00	\$12.54	\$16.91	1	\$16.30		\$3.44	\$2.00
	r Diem Standards (After Stalewide CMA for Routine Stycs) ise Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
1 1		Lesses of Cit 12 of Cit 13	\$113.55	\$53.30	\$0.00	\$12.54	\$16,91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
	rterly Per Diem Rate Prior to Add-ons							:			1,1,1,2,	
	owth 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
	AA Allowed Per Diem (After Growth Allowance Add-on)	1.n 14 + Ln 15	\$131.74	\$63.09	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	<u>1.6356</u>								
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.19				:				
19 Qt	arterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = Ln 16	\$171.84	\$103.19	\$0.00	\$14.84	\$20.02	\$0.00	\$19.29	\$3.82	\$8.68	\$2.00
Qua	rterly Per Diem Add-on Amounts		•					:	Ì			
	ficiency 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	
	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03				:		‡ :		
	irse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$2.06	\$2.06		:						
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24 To	tal 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 Qua	rterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$193.56	\$106.81	\$0.00	\$15.06	\$20.43	\$0.00	\$36.76	\$3.82	\$8.68	\$2.00
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.35			·	***************************************			· · · · · · · · · · · · · · · · · · ·		
<u></u>												

Provider:		h Care		Add-on Data and I	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID:	00140984A				wth Allowance:	N/A	18.37%			Overall CMI		1.3973	1.3617
		Case Mix Per Diem Rate Effective Date:	1/1/2021		Irly BIMS score	37.7%	2.5%			viedicaid CMI:		1.8038	1.5438
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	ırs per On-Site Day/Qı	uality Incentive:	3.91	2.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		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
	***************************************			а	b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CAL	<u>CULATIONS</u>	• •	1									
1 Cost	Center Peer Groups		(see Policy Manual)		1	1	2	1	1	. 1	:		
:	Type of Facility within Peer Grou	ıp			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
:	Bed Size Range within Peer Gro	up	•		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	:		
Peer	Group Standards & Efficience	cy Measure Limits											
	er Group Standards: Percentile	•	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 En	iciency Measure Maximums (s	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Base	Period Per Diem Allowed An	nounts					:		:	I			
	Filed Cost Center Costs (Rout	tine & Special Srvcs 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
	dit Adjustments and Reallocatio	ons to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)	ji j	(\$18,768)	\$27,434
7 , Co:	st Center Costs After Audit Adji	ustments	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 : 3	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		:				•	ž	32,579		
9 Net	t Per Diems prior to Case Mix A	Adjstmt to Routine Srvcs	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 <u>Case Mix I</u>	ndex for All Residents	from 4 qtrs of FY12		1.3973	1	:						
11 . F	Routine Srvcs Case Mix Adjstd	(CMA) Net Per Diem	Ln 9 / Ln 10		\$54,83	:					1		
12 ; Net	t Per Diems after Case Mix Adj	stmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.83	\$0.00	\$13.28	\$17.11	!	\$17.74	\$4.26	\$15.84	\$0.80
13 Per	r Diem Standards (After Statewid	le CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 : Ba:	se Period Case Mix Adjusted A	llowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11	i	\$17.74	\$4.26	9.59	\$0.80
Ouar	rterly Per Diem Rate Prior to A	Add-one										(FRV)	
	owth Allowance Percentage =	18.37%	Ln 14 x Grwth Allwinc %	\$18.91	\$10,07	\$0.00	\$2.44	\$3.14	\$0.00	\$3.26	N/A	N/A	N/A
4	A Allowed Per Diem (After Grow		£n 14 + Ln 15	\$136.52	\$64.90	\$0.00	\$15.72	\$20.25	\$0.00	\$21.00		\$9.59	\$0.80
	Quarterly Facility Case Mix Inde	•	per Current Otr End	\$130.02	1.8387	30.00	313.72	\$20.25	\$0.00	\$21.00	\$4.ZD	\$4.59	\$0.80
	Ortrly Routine Srvcs Case Mix		Ln 16 x Ln 17	:	\$119.33	:	1			1			
	arterly Medicaid CMA Allowed I		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
	dodu Das Diom Add on Ameri		1			:		*	!			40.00	
	rterly Per Diem Add-on Amou iciency Add-on Per Diem 《[Stric		(see Policy Manual)	64.60			to 00	fo 44	60.00				
	MS Add-on Per Diem =	2.5% (to Routine Srvs)	, ,	\$1.53 \$2.98	\$0.53 \$2.98	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
		2.5% (to Routine Sivs) Per Diem: 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.98	\$2.98						i i		
	rsing Home Provider Fee	(to require 51408)	(Fixed Amount)	\$2.39	\$2.39	:				. 647.40			
	rsing Home Provider Fee tal Quarterly Per Diem Add-on /	Amounte	Sum of Lns 20 thru 23	\$17.10				60.44	,	\$17.10	A contract of the contract of		
			Ln 19 + Ln 24		\$5.90	\$0.00		\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
i	terly Case Mix Based Per Die		LB 13 + LD 24	\$214.95	\$125.23	\$0.00	\$15.94	\$20.66	\$0.00	\$38.47	\$4.26	\$9.59	\$0.80
26 Quar	rterly Per Diem Rate for Bed I	Hold and Leave Days	(Ln 25 - En 23) * 0.75	\$148.39									

Provide			Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II	D: 00207083A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score uality Incentive:	N/A 37.3% 4.82	18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options;		1.1859 1.2766 1.2959	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	, f	g	g	h	ì
CASE	MIX BASED RATE CALCULATIONS		:					i	:			
-	st Center Peer Groups	(see Policy Manual)			. 1	4	1	. 1	1			
	Type of Facility within Peer Group	(see Folicy Mattual)		All Facilities	. I All Facilities	Hosp Based	l All Facilities	: All Facilities	All Facilities			
. !	Bed Size Range within Peer Group		:	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		f į		
Pee	er Group Standards & Efficiency Measure Limits							!		1		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		:
	eer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	İ	105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37) i		
Bas	se Period Per Diem Allowed Amounts		•	:		: 1		1				
5 Å	s Filed Cost Center Costs (Routine & Special Stycs 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 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,680)	\$0	S0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,685,103	\$5,532,940	\$0	\$1,812,718	*-	1	\$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				. ,	1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days		:				i	1	49,766		
9 . N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 ctrs of FY12		1,1859							4 225	
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$93.34		: .			1	1		
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$93.34	\$0.00	\$36.26	\$38,19	1	\$42.52	\$1.42	\$24.05	\$0.65
13 P	er Diem Standards (After Statewide CMA for Rouline Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$29.15	\$23.09	1	\$20.56	\$0.00	N/A	:
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	\$0.00	\$29.15	\$23.09	Í	\$20.56	\$1.42	14.08	\$0.65
	arterly Per Diem Rate Prior to Add-ons							:	1		(FRV)	
	rowth Allowance Percentage = 18,37%	Ln 14 x Grwth Ailwnc %	\$26.51	\$13.14		. 65.25	64.04	60.00				
	MA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$186.97	\$84.65	\$0.00		\$4.24 \$27.33	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.91	1.2959	20.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1,42	\$14.08	\$0.65
. 18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$109.70					1			
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$212.02	\$109.70	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$1,42	\$14.08	\$0.65
	•		70.2.02			. 40-1.00	V27.00	ψυ.00	Ψ2-7-3-1	91,42	φ14.U0	. 40,63
	arterly Per Diem Add-on Amounts	for Bellevitteres							1			
	fficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0) IMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	- \$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
	,	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74					1	1		:
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) ursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$3.29	\$3.29	:	: '			1	: i		
	ursing Home Provider Fee otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10				me		\$17.10	1		
			\$23.13	\$6.03	\$0.00	•	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Lπ 25 - Ln 23) * 0.75	\$163.54									
·			_i									

Provider:		e and Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID:	00141006A	Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trly BIMS score	N/A 40.0%	18.37% 2.5%			l Overall CMI: dedicaid CMI:		1.3444 1.5263	1.3617 1.5438
		MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.56	2.0%	Ortrly Meald	CMI w RUĞ V	Vght 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
	***************************************			а	b	С	<u>d</u> ;	e	f	9	g	h	<u> </u>
CASE I	MIX BASED RATE CALC	CULATIONS		•			: .				i i		:
1 Cost	Center Peer Groups		(see Policy Manual)		1	1	. 2	1	. 1		1		:
	Type of Facility within Peer Graup	D			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	•		
	Bed Size Range within Peer Grou	ι p		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			:
Peer	Group Standards & Efficiency	y Measure Limits					; i						
	er Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
	er Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	¢ 1		
4 EIII	iciency Measure Maximums (se	ee line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Base	Period Per Diem Allowed Am	nounts							1				
5 Asl	Filed Cost Center Costs (Routin	ne & Special Srvcs 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	50
6 : Aud	dit Adjustments and Reallocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)	j i	(\$16,427)	\$20,216
7 ' Cos	st Center Costs After Audit Adju	istments	FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	
8 T	Total Nursing Facility Days	As Filed Days = 28,686	FY12 Audited C/R Days	28,699			1						
, ; т	Total Nursing Facility Days GL-P	PL Ins. Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days							:	27,433		:
. 9 Net	t Per Diems prior to Case Mix A	djstmt to Routine Srvcs	in 7 / in 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 : E	Base Period Facility <u>Case Mix In</u>	ndex for All Residents	from 4 qlrs of FY12		1.3444		: '		1		1		:
11 · F	Routine Srvcs Case Mix Adjstd ((CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99		1		i		1		
12 Net	t Per Diems after Case Mix Adjs	stmt to Routine Srvcs	RS = Ln 11, AllQlhr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56	1	\$19.03	\$0.64	\$12.47	\$0.70
13 Per	r Diem Standards (After Statewide	o CMA for Routine Saves)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted All	lowed 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	\$0.70
Quart	terly Per Diem Rate Prior to A	idd-one					i i		!		1	(FRV)	
	owth 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
	A Allowed Per Diem (After Growt		Ln 14 + Ln 15	\$120.15	\$55.62	\$0.00	\$16.32	\$16.05	1	\$22.53	\$0.64	\$8.29	\$0.70
	Quarterly Facility Case Mix Index	•	per Current Qtr End		1.5511	40.00	0.0.02	\$10.00	Ψ0.00	Ψ22.55	30.04	\$6.25	. 40.70
	Ortrly Routine Srvcs Case Mix A		Լп 16 x Ln 17		\$86.27		i.		i				
19 Qua	arterly Medicaid CMA Allowed P	Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.80	\$86.27	\$0.00	\$16.32	\$16.05	\$0.00	\$22,53	\$0.64	\$8.29	\$0.70
Ouad	terly Per Diem Add-on Amour	nte			:				•				
	iciency Add-on Per Diem ([Stnd		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	20.00	
	MS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2,16	φ υ. υυ	. 90.22	φυ.41	00.00	30.37		\$0.00	
		er Diem: 2.0% (to Routine Saves)	Ln 19 Col b x Sting Add-on	\$1.73	\$1,73				: 1				
	rsing Home Provider Fee	4	(Fixed Amount)	\$17.10						\$17,10	1		
	al Quarterly Per Diem Add-on A	mounts	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 Quart	terly Case Mix Based Per Die	m Rate	Ln 19 + Ln 24	\$173.32	\$90.69	\$0.00	\$16.54	\$16.46	\$0.00	\$40.00	\$0.64	\$8.29	
	terly Per Diem Rate for Bed H		(Ln 25 - Ln 23) * 0.75	\$117,17							70.07	+5/120	

	rovider: Fort Gaines Healthcare, LLC rvdr ID: 00140599A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score	Facility Score N/A 43.2% 2.93	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4652 1.8840 1.9201	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
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	, (- ,	Ln 9 / Ln 10		\$38.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
13		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	,	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	, ; <u> </u>	per Current Qtr End		<u>1.9201</u>								
18		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 = 2.5% (to Routine Srvs)		\$2.16	\$2.16								
22		Ln 19 Col b x Stfng Add-on	\$3.46	\$3.46								
23		(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									

	rovider: Fort Valley Nursing Ctr. rvdr ID: 00141028A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: etrly BIMS score	Score N/A 36.0% 3.82	Add-on <u>Percent</u> 18.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5800 1.7985 1.8336	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
	AGE MAY DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(occ i one) mandal)		ψυ.σσ	φυ.συ	ψ0.22	ψ0.77		φοιον			
_	Base Period Per Diem Allowed Amounts		*** **** ****	*		4040.004	****	****	* 500.007	****	* 400 400	•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,307,173.12		\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstiffts FY12 Audited C/R	(\$180,708) \$3,126,465	(\$115,773) \$1,445,413	\$0 \$0	\$1,927 \$321,591	\$140 \$186,082	\$4,328 \$195,553	(\$31,738) \$506,549	\$21,740	(\$70,637) \$418,492	\$31,045 \$31,045
8	Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374	\$1,445,415	φυ	φ321,391	φ100,002	φ190,000	φ500,545	φ21,740	φ410,492	φ51,045
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days	20,074							23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	,	from 4 qtrs of FY12		1.5800	*****	, ,	*	,		,	• • •	•
11		Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	,,	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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	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	· —	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	ψ100.02	1.8336	ψ0.00	ψ10.00	ψ17.00	ψ0.00	Ψ20.00	ψ0.00	φο.σ7	Ψ1.22
18		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	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56								
23	· ·	(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									

	rovider: Four County Health Care Center rvdr ID: 00405292A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 28.0% 3.21	Add-on <u>Percent</u> 18.37% 1.0% 4.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4294 1.6101 1.6398	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
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	26,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days								27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4294</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	,	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13		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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6398								
18	Qrtrly Routine Srvcs 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.58	\$3.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

Provider: Prvdr ID:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	7.10		Facility Specific	State- wide
Prver ID:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score	N/A 45.7% 2.47	18.37% 5.5% 2.0%	Oddi Nanid		Overall CMI:		1.5814 1.8869	1.3617 1.5438
	MDO & Notae has Data per Quarter Entang.	09/30/20 Traise Floo	is per Oir-site Day/Qi	uanty incentive.	2.41	2.076	Orthy Mcaio	CIVII W RUG I	vgnt Options:		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
			а	b	С	d	e	f	g	g	h	i
CASE I	MIX BASED RATE CALCULATIONS							İ		:		
1 Cost	Center Peer Groups	(see Policy Manual)		1		2	1	1 1	1			
.	Type of Facility within Peer Group	(see Foncy Manual)		. I . All Facilities	All Facilities	Z Free Standina	ı All Facilities	: T : All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits					:				:		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: 1		
. 4 · Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	. !		
Base	Period Per Diem Allowed Amounts								1			
5 Asi	Filed Cost Center Costs (Routine & Special Sives 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 Aug	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	,			(\$47,242)	\$45.878
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494		\$1,091,645	\$322,292	\$469,717	\$45,878
8 1	l'otal Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724		•		42.0(.0.	100.,000			Q400,717	. 445,070
7	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 Adjstmt to Routine Srvcs	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
10 : E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5814		1	• • • • • • • • • • • • • • • • • • • •				412.70	
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$44.11) V	! !			:
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se 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	\$1.25
	Annie Deu Diese Date Meine de det een								i	1	(FRV)	
	terly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwne %	\$17.17			FO 44	60.05					· •
	IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.17	\$8.10 \$52.21	\$0.00 \$0.00		\$2.85	\$0.00	\$3.78	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$120.00	1.9233	\$0.00	\$15,74	\$18.39	\$0.00	\$24.34	\$8.96	\$7.91	\$1,25
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.42		• :			i			
	arterly 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
	·			ψ100.42	ψ0.00	V 15.74	\$10.03	\$0.00	924.04	\$6.50	φ1.91	\$1.20
	terly Per Diem Add-on Amounts								!	:		I.
	ciency 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	
	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.01	\$2.01								i
	sing Home Provider Fee	(Fixed Amount)	\$17.10			•		:	\$17.10	1		
-	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.79	\$8.06	\$0.00	50.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Lл 19 + Ln 24	\$202,80	\$108.48	\$0.00	\$15.96	\$18.80	\$0.00	\$41.44	\$8.96	\$7.91	\$1.25
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.28		·	· 4. · · · · · · · · · · · · · · · · · ·		·		·		

Provider: Friendship Health and Rehab Center Prodr ID: 00141567A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: ltrly BIMS score uality Incentive:	N/A 40.5% 3.51	18.37% 2.5% 3.0%	Qrlrly Mcaid		l Overall CMI: Medicaid CMI: Vght Options:		1.2454 1.7190 1.7515	1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
: 		а	b	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS					:		,	·			
1 Cost Center Peer Groups								i.			ſ
Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2	1	1	1			
Bed Size Range within Peer Group	:				Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	:			202 0.100	· · · · · · · · · · · · · · · · · · ·	TIM Edd Oiges	Will Ded Olfes	Mil Den Gizes			İ
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	00.000		50.00			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Rouline & Special Sives 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	£00.007	gar oro	!
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)		\$0	\$0	\$320,332	(\$1,161)		\$98,067	\$15,352	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0		\$326,352	\$323,521	(\$39,524) \$488,652		(\$7,984)	
8 Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28.995	ΨΕ,022,004	40	. 9411,774	\$320,332	3323,321	\$400,032	\$98,067	\$7,368	\$14,81
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-Pt. Ins Rpt Days	20,550			:		í		28,896		,
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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	•		4	. (77.11.7 2.07.17	9,0.05	Ψ3.33	φ0.25	. 20.51
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.5°
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	. 40.0
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	\$0.51
Quarterly Per Diem Rate Prior to Add-ons			. :						1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwoc %	FC0 40	640.00						1		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.12 \$141.18	\$10.29 \$66.30	\$0.00	\$2.61	\$4.12	\$0.00	\$3.10	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.18	1.7515	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3.39	\$7.69	\$0.5
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lл 16 x Ln 17		\$116.12		1						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$191,00	\$116.12	\$0.00	\$16.81	\$26.53	\$0.00	\$19.95	\$3,39	\$7.69	
		0.51.00	Ψ110.12	\$0.00	. 910.01	φ20.33		φισ.93	33.39	\$7.69	\$0.51
Quarterly Per Diem Add-on Amounts	4	_						:	(
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% (Io Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90		:		l		1		
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$3.48		:		1				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		i ·	\$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			·		·	i	·		

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID:	: 00140786A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: trly BIMS score uality Incentive:	N/A 31.4% 3.57	18.37% 2.5% 3.0%	Qrtrly Mcaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:	•	1.3591 1.5039 1.5313	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
			а	ь	С	<u>.</u> d ,	е	f	9	g	h	<u>, í</u>
CASE	MIX BASED RATE CALCULATIONS	4							:			
1 Cost	Center Peer Groups	(see Policy Manual)		1	. 1	2	1			1		!
:	Type of Facility within Peer Group Bed Size Range within Peer Group		•	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Group Standards & Efficiency Measure Limits		1		:			:	1			
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		•
	er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41	•	105.0% \$0.37	1		1
	Period Per Diem Allowed Amounts	(ood t only manady	•		:	JU.22	QQ.41		50.57			
	Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2.672,213.00	\$1,449,766	\$0	\$295,579	£407.000	C400.000				
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0 \$0		\$197,632 \$0	\$192,022			\$13,209	\$0
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	: \$0 : \$0		\$0 \$197.632	(\$197) \$191,825	(\$26,122) \$430,640	\$67,243	(\$8,245) \$4,964	
	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215	\$1,440,025	. 40	\$250,015	\$191,032	\$191,023	\$450,040	\$67,243	\$4,964	\$13,209
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days	20,213							19,906		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	1	\$0.25	\$0.65
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3591	: 40.00	. 414.02	\$15.27	(Hib) Edity	\$21.50	\$5.56	\$0.25	30.00
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61	:			:				1
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	· •	\$52.61	: \$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0,25	\$0.69
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56		N/A	, 00.0.
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.71	\$52.61	\$0.00		\$19.27		\$20.56		6.62	\$0.69
	desta Ban Bion Batanta Addition		•						!	1	(FRV)	
	terly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %					•• • •					
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.67 \$137.38	\$9.66 \$62.27	\$0.00		\$3.54	\$0.00	\$3.78		N/A	
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	3137.35	1.5313	\$0.00	\$17.31	\$22.81	\$0.00	\$24.34	\$3.38	\$6.62	\$0.65
	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.35	:			•	•			
	arterly 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
Quar	rterly Per Diem Add-on Amounts	•				!						1
	iciency 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	
	MS Add-on Per Diem = 2.5% (to Routine Srvs		\$2.38	\$2.38	: +0.00	40.22	ψJ.₹1		, 40.00	1	Ψ0.00	
22 Nur	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.86	\$2.86		1		•	:			
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17.10		:				\$17.10	4		
24 Tot	tal 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
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.96	\$101.12	\$0.00	\$17.53	\$23.22	\$0.00	\$41.44	· · · · · · · · · · · · · · · · · · ·	\$6.62	\$0.65
26 Quan	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.65			 :		<u> </u>	1			

Provider: Gibson Health & Rehabilitation Center Prvdr ID: 00141116A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2 021 09/30/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 39.4% 3.14	Add-on <u>Percent</u> 18.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	•	Facility <u>Specific</u> 1.3210 1.4939 1.5184	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
		а	ь	C	<u>d</u> .	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS		:					:	!	i ·		
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			
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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts					1 :		I	:	1		:
5 As Filed Cost Center Costs (Routine & Special Sives 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 ₁
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399	1 1	(\$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				1 .			•	30,654		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Lл7/Lп8 Cola	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3210</u>		1				1		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84						:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	A CONTRACTOR OF	\$16.59	!	\$16.84		\$7.34	\$0.78
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	! :	\$20.56		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$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)	ξπ 14 + Ln 15	\$134.45	\$64.91	\$0.00		\$19.64	\$0.00	\$19.93		\$9.50	\$0.78
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5184	\$0.00	¥10.40	Ψ13.04	. 40.00	Ψ13.2J	φ3.24	φ5.50	30.76
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	\$98.56				}	1	1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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		•						1			
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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46		:	*		1	1	*****	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.96	\$2.96		1			i	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		i .
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
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			·		·	·I			

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Score N/A 32.3% 2.94	Add-on Percent 18.37% 2.5% 2.0%	Qrtrly N	Base Pe Quarte	x (CMI) Data riod Overall CMI: rly Medicaid CMI: IG Wght Options:		Facility Specific Use Stwd 1.6424 1.6746	State- wide 1.3617 1.5438 1.5713
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX PAGED BATE CALCULATIONS		a	b	С	d	е	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			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$0.00		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Limit	\$129.52 \$22.08 \$154.63	\$71.51 \$64.36 \$11.82 \$76.18 1.6746 \$127.58		\$18.41 \$16.57 \$3.04 \$19.61	\$23.09 \$20.78 \$3.82 \$24.60		\$20.56 \$18.50 \$3.40 \$21.90		\$9.31 \$9.31 9.31 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee		\$206.03 \$3.19 \$2.55 \$17.10	\$127.58 \$3.19 \$2.55		\$19.61	\$24.60		\$21.90 17.10	\$3.03	\$9.31	\$0.00
Total Quarterly Per Diem Add-On Amounts		\$22.84						17.10			
Quarterly Case Mix Based Per Diem Rate		\$228.87	\$133.32		\$19.61	\$24.60		\$39.00	\$3.03	\$9.31	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.82										

Provider:	Glenn-Mor Nursing	g Home		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Prvdr ID;	00141149A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Ho		with Allowance: Irry BIMS score uality Incentive:	N/A 50.0% 5.33	18.37% 5.5% 2.0%	Ortrly Moaid	Quarterly t	d Overall CMI: Medicaid CMI; Wght Options:		1.4211 1.2289 1.2477	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	С	d ·	е	f	g	g	h	; 1
CASE N	WIX BASED RATE CALC	CULATIONS									i 		
1 Cost	Center Peer Groups		(see Policy Manual)	:	1	1	1	1	1		.		:
	Type of Facility within Peer Group	ρ	(000 t oney thandsiy	:	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	: !		
	Bad Size Range within Peer Grou	ир		:	All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficienc	y Measure Limits		•									
	r Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
	r Group Standards: Multiplier		(see Policy Manual)	}	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Ettic	ciency Measure Maximums (se	ee line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	I	\$0.37			
Base	Period Per Diem Allowed Am	nounts		:			:						
5 As F	Filed Cost Center Costs (Routi	ine & Special Srvcs 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	. so
6 : Aud	lit Adjustments and Reallocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7 Cos	t Center Costs After Audit Adju	ustments	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 T	otal Nursing Facility Days	As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
T	otal Nursing Facility Days GL-F	Pt. Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days	:			:			•	21,314		
9 Net	Per Diems prior to Case Mix A	djstmt to Routine Srvcs	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 : B	Base Period Facility Case Mix In	ndex for All Residents	from 4 qtrs of FY12		1.4211								:
	Routine Srvcs Case Mix Adjstd (•	Ln 9 / Ln 10	•	\$56.04				<i>t</i> !	•			:
	Per Diems after Case Mix Adjs		RS = £n 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
	Diem Standards (After Statewide	e CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	:
14 Bas	e Period Case Mix Adjusted All	lowed 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	\$0.30
Quart	terly Per Diem Rate Prior to A	Add-one										(FRV)	
	wth 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
	A Allowed Per Diem (After Growt		Ln 14 + Ln 15	\$163.58	\$66.33	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
	Quarterly Facility Case Mix Inde		per Current Qtr End		1.2477			427,00	, 40.00	\$24.54	40.01	Ψ10.11	. 40,30
	Ortrly Routine Srvcs Case Mix A		Ln 16 x Ln 17		\$82.76					1	i i		
19 Qua	arterly Medicaid CMA Allowed F	Per Diem	RS = £n 18, AllOthr = Ln 16	\$180.01	\$82.76	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.61	\$10.17	\$0.30
Out	terly Per Diem Add-on Amous	nte											:
	ciency Add-on Per Diem ([Stnd		(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		**	
	IS Add-on Per Diem =	5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.55	\$4.55	\$0.00	20.00	φυ.00	. au.uc	20.00	1	\$0.00	
		er Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.66	\$1.66	:			I				
	sing Home Provider Fee	- eminates	(Fixed Amount)	\$17.10	u					\$17.10			
	al Quarterly Per Diem Add-on A	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
\	terly Case Mix Based Per Die		Ln 19 + Ln 24	\$203.85	\$89.50	\$0.00	· · · · · · · · · · · · · · · · · · ·	\$27.33	\$0.00	\$41,44	\$0.61	\$10.17	\$0.30
26 Ou	andy Dar Diam Pata for Dark	Inld and Lange Page	(I = 26 I = 22) * 0.75					72.100	72.00	i. •••••	+	4,0.11	. 40.00
∠o wuan	terly Per Diem Rate for Bed H	iola and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.06									

	ovider: Glenvue Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	-	Facility Specific	State- wide
Pr	vdr ID: 00141171A Case Mix Per Diem Rate Effective Date	. 41410004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.1177	1.3617
	MDS & Nurse Hrs Data per Quarter Ending	, -,	ours per On-Site Day/Q	trly BIMS score uality Incentive:	20.4% 2.96	1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.5279 1.5573	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
			а	b	С	d	6	f	9	9	h	î
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS				:	. !						
: 1 i	Cost Center Peer Groups	(see Policy Manual)	1	1	1	. 1	1	1	1			
1	Type of Facility within Peer Group		•	All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	: '		
: 1	Peer Group Standards & Efficiency Measure Limits		•			: 1				1		
2 1	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1 '		
3	Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	: [105.0%	: 1		
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	<u>}</u>	\$0.37			
: 1	Base Period Per Diem Allowed Amounts		•			: :						
, 5	As Filed Cost Center Costs (Routine & Special Srvcs 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	. 50
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	50	\$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-Pt, 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 Srvcs	Ln 7 / Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18.40	(with L&H)	\$22.70		\$15.22	\$0.58
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	i	1.1177				! .		-	******	
. 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90					1			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09	!	\$20.56	4	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	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons							: !		:	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.65	\$13.14	: en nn	. deac	\$2.00					
: 16 :	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$176.70	\$84.65	\$0.00 \$0.00	\$5.35	\$3.38	\$0.00	\$3.78	1	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$170.70		\$0.00	\$34.50	\$21,78	\$0.00	\$24.34	\$2.23	\$8.62	\$0.58
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	1.5573 \$131.83					1	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = 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			:		:	020	. 40.00	. 424.04	Ψ2.23	Ψ0.02	. 40.50
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00			E0.44		***	: i		
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs		\$1.32	\$1.32	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3.95	\$3.95		: '		!				
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.93 \$17.10	. 33,93						1		
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$5.27	\$0.00	\$0.00	¢n **		\$17.10		**	
-	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.66	\$137.10	\$0.00	\$34.50	\$0.41 \$22.19	\$0.00	\$17.10	-	\$0.00	\$0.00
-			3240.00	\$137.10	90.00	\$34.5U	\$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									

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID:	00220514A Case Mix Per Diem Rate Effective Date	21470004		owth Allowance:	N/A	18.37%			d Overall CMI:		1.4921	1.3617
!	MDS & Nurse Hrs Data per Quarter Ending		u ors per On-Site Day/Q	Itrly BIMS score	34,4% 3,28	2.5% 3.0%	Ortry Mesid	Quarterly ! CMI w RUG !	Medicaid CMI:		1.6226 1.6503	1.5438
		10,00,20	no por on one bayro	desty meesmive.	J.20	3.0 /6	Citity Micalo	CIVII W INUG	rigin Opnons.		1.0503	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f f	g	9 ,	ħ	i
CASE	MIX BASED RATE CALCULATIONS	•						1				
1 Cost	Center Peer Groups	(see Policy Manual)			1	2	1	1	1			
	Type of Facility within Peer Group	(SSS 1 SIIS) INSIISSI,		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	1		All Bed Sizes	All Bed Sizes		All Bed Sizes	1	All Bed Sizes	i 7		
Peer	Group Standards & Efficiency Measure Limits					1		1				3
2 Per	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	! !		
Base	Period Per Diem Allowed Amounts	*		:				:		[;		
5 As	Filed Cost Center Costs (Routine & Special Sives 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 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdjsImIs	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7 Cos	st 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	
8 1	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649	1			-	1			*	,,
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days				1		!		77,164		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4921				1			*	
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,45		1 1		1		1		:
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$53,45	\$0.00	\$13.15	\$12.90	1	\$22.39	\$0.08	\$4.58	\$1.10
13 Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se 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	\$1.10
Oune	terly Per Diem Rate Prior to Add-ons			· .		1		!		1	(FRV)	f
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	\$18.39	\$9.82	\$0.00	\$2,42	\$2.37	\$0.00	\$3,78			
	IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.78	\$63.27	\$0.00	\$15.57	\$2.37 \$15.27	\$0.00	\$24.34	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$120.70	1.6503	\$0.00	\$10.07	\$13.27	20.00	\$24.34	\$0.08	\$7.15	\$1,10
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.41		1			1			
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$167.92	\$104.41	\$0.00	\$15,57	\$15.27	\$0.00	\$24.34	\$0.08	\$7.15	\$1.10
							4.0.2 ,	40.00	ψ	\$0.00	Ψ7.13	. \$1.10
	terly Per Diem Add-on Amounts			: i		1						
,	ciency 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	
	//S Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.61	\$2.61		1						
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,13	\$3.13		1				1		
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1 223.1		1	\$17.10			
	al Quarierly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$6.27	\$0.00	1	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quar	terly 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 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.12									

Provide	ar. Glenwood Healthcare		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr II	D: 701562744A		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1,4106	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	33.3%	2.5%		Quarterly I	Medicaid CMI:		1,5903	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	2.60	2.0%	Ortrly Moaid	CMI w RUG V	Wght Options:	:	1.6206	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· :			а	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS							:				:
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	1	. ,	1	. 1	1	1		
	Type of Facility within Peer Group	(ood t diley marines)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities			
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bad Sizes		All Bed Sizes	1		! !
Pee	er Group Standards & Efficiency Measure Limits	•				:		:				
2 P	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
Bas	se Period Per Diem Allowed Amounts							1	:	1		:
5 . As	s Filed Cost Center Costs (Routine & Special Sives 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 : At	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,24
7 C	ost 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	\$51,24
8 -	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349	٠.		; i		1				
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days				: :		1		16,109		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24,47	\$0.65	\$15.57	\$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4106		!			:	£		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29		:				1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
13 P	er Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80	ſ	\$20.56	\$0.65	14.85	\$2.9
	arterly Per Diem Rate Prior to Add-ons							i .	•		(FRV)	
	Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$16.99	\$7.58	\$0.00	\$2.73	60.00	60.00				
	MA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$127.95		\$0.00		\$2.90		\$3.78		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$127.95	\$48.87	30.00	\$17.59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.9
		Ln 16 x Ln 17		1.6206						1		
18 19 Q	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = £n 18. AllOthr = Ln 16		\$79.20	***					<u> </u>		
. 19 : U	Quarterly Medicaid CMA Allowed Per Diem	RS = ER 18, AllOthr = ER 16	\$158.28	\$79.20	\$0.00	\$17,59	\$18.70	\$0.00	\$24.34	\$0.65	\$14.85	\$2.9
Qua	arterly Per Diem Add-on Amounts	•	•			1						
20 E	fficiency 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 B	IMS Add-on Per Diem = 2.5% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98		<u>'</u>						
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$ 1.58	\$1.58				}	:			
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10	1		
24 To	otal 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 Qua	arterly Case Mix Based Per Dlem 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.25								······································	
				j								

Discription Calculations Services Services Services Plousing 6 Maint Gammal Interactions Realization Realiza		Gold City Health and Rehabilitation Ctr 00142975A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 36.4% 2.59	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.5030 1.6641 1.6945	State- wide 1.3617 1.5438 1.5713
Code Center Pear Crougs Code Policy Manual Fig. Fi	Line #	Description		Totals			Dietary		Operatns	and		and	
Cost Center Peer Groups (see Policy Manual)	· ·		· · · · · · · · · · · · · · · · · · ·	а	b	С	j d ,	е	f	9	9	h	i
Peer Group Standards & Efficiency Measure Limits Enne Policy Manual 100 0% 90 0% 80	CA	SE MIX BASED RATE CALCULATIONS				:	:			1	i j		
2 Per OrGung Standards: Multipler Gene Policy Manual 90.0% 90.	1 (Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Section Part Per Diems after Costs (Routine & Sprootal Strice Continued) As Filed Part Strice Costs Found Adjustments and Realiscoalisms to Cost Center Costs Fritz Card Adjustments Strice Costs Strice Costs After Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Adjustments Strice Costs Strice Costs Adjustments Strice Costs	2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(seo Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
Continue Continue		Base Period Per Diem Allowed Amounts							1				
Continue Continue	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$3,352,187.00	\$1,925,940	\$0	\$316.882	\$164,645	\$199,723	\$521,161	\$19.687	\$204.149	\$0
7 Cost Center Costs After Audit Adjustments	6		FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0							\$25,679
Total Nursing Facility Days	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723			, ,	\$25,679
9 Net Per Diems prior to Case Mix Adjistmit to Routine Srvcs	8 .	Total Nursing Facility Days As Filed Days = 31,811	FY12 Audited C/R Days	31,811	ı				· !		1		
Base Period Facility Case Mix Index for All Residents Form 4 qlus of FY12 1.5030		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days				:		1		33,993	,	
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9 ;	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£π7/Ln8Cola	\$103.06	\$60.54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
12 Net Per Diems after Case Mix Adjistmt to Routine Srvcs	10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		. <u>1.5030</u>				!		;		
Per Diem Standards (After Statewide CMA for Routine Srves) Per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.55 \$0.00 \$N/A	11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28					:	1		
Lesser of Ln 12 or Ln 13	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14,11	\$0.58	\$5.61	\$0.81
Quarterly Per Diem Rate Prior to Add-ons CFRV	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15 Growth Allowance Percentage = 18.37%	14	•	Lesser of Ln 12 or Lл 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58		\$0.81
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Medicaid CMA Allowed Per Diem 18 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 11 Quarterly Per Diem Add-on Amounts 12 Efficiency Add-on Per Diem (IStnd - Ahwd] x 75, up to max. or 0) 18 IMS Add-on Per Diem = 2.5% (to Routine Sirvs) 19 Quarterly Medicaid CMA Allowed Per Diem (IStnd - Ahwd] x 75, up to max. or 0) 19 Image: Mix Add-on Per Diem = 2.5% (to Routine Sirvs) 10 Image: Mix Add-on Per Diem = 2.5% (to Routine Sirvs) 10 Image: Mix Add-on Per Diem = 2.5% (to Routine Sirvs) 10 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 10 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 10 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 11 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 12 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 13 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 14 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0% (to Routine Sirvs) 15 Image: Mix Add-on Per Diem : 2.0%		•				:	1						
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$80.79 \$0.00 \$11.79 \$13.55 \$0.00 \$16.70 \$0.58 \$88.69 \$0.8 \$0.80									1	1			N/A
R Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem				\$99.80		20.00	\$11.79	\$13.55	\$0.00	\$16.70	\$0.58	\$8.69	\$0.81
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOlhr = Ln 16 \$132,91 \$80.79 \$0.00 \$11.79 \$13.55 \$0.00 \$16.70 \$0.58 \$8.69 \$0.8 \$0.8 \$0.8 \$0.8 \$0.8 \$0.8 \$0.8 \$0.8		- · · · · · · · · · · · · · · · · · · ·		:									
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0) (see Policy Manual) \$1,53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0	19	• • •		\$132.91		\$0.00	\$11,79	\$13.55	\$0.00	\$16,70	\$0.58	\$8.69	\$0.81
Efficiency Add-on Per Diem (IStnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.0	: 1.	Quarterly Per Diem Add-on Amounts		•						:		23,00	
BIMS Add-on Per Diem =	20	•	(see Policy Manual)	\$1.53	\$0.53	: \$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	21		Ln 19 Col b x CPS Add-on		and the second s	:		-3.77			1	20.00	
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	22 ,	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62					:	1		
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 llnu 23 \$2.27 \$4.17 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
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 \$0.8	24 -	Total Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$22.27	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00			\$0.00	\$0.00
Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25-Ln 23) * 0.75 \$103.56	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	:				•	· · · · · · · · · · · · · · · · · · ·	···		

Provider: Prvdr ID:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PIVOI IO.	Case Mix Per Diem Rate Effective Date: MOS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Ho		with Allowance: trly BIMS score uality Incentive:	N/A 30.6% 3.63	18.37% 2.5% 2.0%	Ortrly Megid		d Overall CMI; Medicaid CMI: Wast Options:		1.3364 1.5127 1.5372	1.3617 1.5438 1.5713
	3			bonty mountain,		2.078	Citily Inicald					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·			а	ь	С	ď	е	f	g	g	h	
CASE	MIX BASED RATE CALCULATIONS		·							1		
1 Cost	Center Peer Groups	(see Policy Manual)		1	4	2	1	1	. 1			i
	Type of Facility within Peer Group	(See Fully Manual)		All Facilities	All Facilities		T All Facilities	All Facilities	All Facilities	i .		
	Bed Size Range within Peer Group		•	All Bad Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits		:									
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)	Ì	100.0%	100.0%	100.0%	100.0%	i	105.0%	£		
4 Effi	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		:
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Sives 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$27,871)	(\$691)	\$0		\$0		(\$27,180)			
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0 \$0		\$334,242		\$699,580	\$111,666	(\$28,457) \$647,103	
. 1	Fotal Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699	00,204,020	-	\$555,000	ψ554,242	\$331,334	2055,300	3111,000	\$647,103	\$28,457
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days	+1,000			1			:	40,095		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$145.75	\$78.76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16,78		\$15.52	\$0.68
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3364	Ψ0.00	¥13.24	\$13.30	(14/11/ 2/01/)	\$10.70	32.19	\$15.52	\$0.00
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94								
	Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56	\$0.00	\$15.52 N/A	
. 14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58,94	\$0.00		\$15.98		\$16.78	1	9.12	\$0.68
					*		•			φ2	(FRV)	. 40.00
	terly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %				÷ :				į		
	with Allowance Percentage = 18.37%		\$19.65	\$10.83	\$0.00		\$2.94		\$3.08	N/A	N/A	· N/A
	A 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
. :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.5372</u>				1				1
	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	0470.00	\$107.25	***							
13 00	sitelly wedicald CMA Allowed Fell Dielli	K3 - Lii 10, AllOuii - Lii 10	\$176.66	\$107.25	\$0.00	\$18.04	\$18.92	\$0.00	\$19.86	\$2.79	\$9,12	\$0.68
Quar	terly Per Diem Add-on Amounts		1							:		
20 Effi	ciency 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 BIN	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68		:		:	1		• • • • • • • • • • • • • • • • • • • •	!
22 Nui	se Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15		:		:				
	sing Home Provider Fee	(Fixed Amount)	\$17.10					:	\$17.10	1		
24 Tot	al 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 Quar	terly 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 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.27			·		·	<u></u>	:		<u> </u>

Provider: Grace Health Care of Tucker		Add-on Data and I		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: 00083267A Case Mix Per Diem Ra MDS & Nurse Hrs Data pe			with Allowance: Iny BIMS score pality Incentive:	N/A 30.4% 3.59	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,5096 1,6369 1,6656	1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	С	d	е	f	g	9	h	i
CASE MIX BASED RATE CALCULATIONS		!			1						
1 Cost Center Peer Groups	(see Policy Manual)		1	1	,	1	1	1			
Type of Facility within Peer Group	(see Folicy Mailual)		I All Facilities	All Facilities	-	7 All Facilities	All Facilities	All Facilities	:		
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		1
Peer Group Standards & Efficiency Measure Limits	•						:				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	:						:				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-F	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	A CONTRACT OF THE PARTY OF	\$9,124	\$5,837	(\$88,759)		(\$45,919)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0		\$436.847		\$1,067,432	1	\$567,853	\$60,057
8 Total Nursing Facility Days As Filed Days	= 43,235 FY12 Audited C/R Days	43,235				• 10010 11	423.10.0	. 4.,007,102	43.,550	Ψ007,000	\$00,00
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days	= 40,467 FY 18 GL-PL Ins Rpt Days			I	1				40,467		!
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69		\$13.13	\$1.39
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096			******		42,100		\$13.13	\$1.55
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99		1			1			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	1	\$17.92		\$20.56	\$2.27	10.17	\$1.39
Overded Des Diese Bate Date to Add and	1				;		:	1	1	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwne %	240.07	** . *						i :		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Ailwine %	\$19.07	\$9.18	\$0.00		\$3.29	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Otr End	\$136.74	\$59.17	\$0.00	\$18.19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	\$1.39
18 Orthly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6656</u>		1 :						:
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.12	\$98.55 \$98.55	\$0.00	\$18,19	\$21.21	\$0.00	\$24.34	\$2.27	\$10.17	
		3170.12	450.00	. 40.00	\$10.15	\$21.21	\$0.00	\$24.54	\$2.21	\$10.17	\$1.39
Quarterly Per Diem Add-on Amounts							:		1		1
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	
· ·	% (to Routine Srvs) En 19 Col b x CPS Add-on	\$2.46	\$2.46	:	1						
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routing	•	\$1.97	\$1.97		1			1			i
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$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	Լռ 19 + Լո 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	(Lл 25 - Ln 23) * 0.75	\$136.28		***************************************	·i		•		· ············		·

Р	Provider: Gracemore Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
P	Prvdr ID: 00141182A		Gro	wth Allowance:	N/A	18.37%		Base Period	d Overall CMI:	•	1.1896	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	25.9%	1.0%		Quarterly N	Medicaid CMI:		1.6518	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	4.71	3.0%	Ortrly Mcaid	CMI w RUG V	Wght Options:		1.6812	1.5713
				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
#	200011911011	Calculations						& Maint	General		Related	Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 Srvcs 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 Adjstmts	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	•	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	ÿ <u>——</u>	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		per Current Qtr End	ŲZ.00	1.6812	ψ0.00	\$20	ψ.3.07	Ψ3.00	\$10.0L	ΨΞ. 10	ψ	ψ57
18	· · · ———	Ln 16 x Ln 17		\$117.65								
19	, , ,	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	,	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.18	\$1.18	ψ0.00	Ψ3.30	Ψ3.41	Ψ3.00	ψ5.07		\$3.00	
22		Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53								
23		(Fixed Amount)	\$17.10	71.00					\$17.10			
24		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		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		<u>I</u>	I I		<u>I</u>	II	1		

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID		444		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2061	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	28.3% 3.74	1.0% 2.0%	Ortrly Meald		Medicaid CMI: Wght Options:		1.6235 1.6544	1.5438 1.5713
				···········				,				
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatos	Admin and	A&G- GL-PL	Property	Taxes
#	Description	Calculations	70.070	Services	Services	Dictory	Houskpng	& Maint	General	Insurance	and Related	and Insurance
. (а	b	C	d	е	_z f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS	!						!				
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
. :	Type of Facility within Peer Group	(coor one) manual)		All Facilities			All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
Peer	er Group Standards & Efficiency Measure Limits					1		*	i			{
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			1
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 EII	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		1
Base	se Period Per Diem Allowed Amounts	;				i i		:	1			
5 As	s Filed Cost Center Costs (Rouline & Special Srvcs 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	50
6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)	1	\$10,190	\$36,241
7 Co	ost 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	FY12 Audited C/R Days	21,651						:			j
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PŁ Ins Rpt Days				1		:		20,923		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2061</u>		1			1			!
and the second second	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81		:		:				
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1.67
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	<i>i</i>	\$20.56	\$0.00	N/A	
14 Ba	ase 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
Qua	arterly Per Diem Rate Prior to Add-ons					1			1	į ((FRV)	!
	rowth 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 CN	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.45	\$76,72	\$0.00		\$21.40	\$0.00		\$3.15	\$9.90	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6544			4				\$5.50	41.07
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$126.93					1			! !
19 Qu	uarterly 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
Qua	arterly Per Diem Add-on Amounts					· .						İ
	fficiency 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	1	\$0.00	
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,27	\$1.27	\$5.50	40.00	ψ 0.41	. 40.00		1	\$0.00	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54		1 :		:				:
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		!
24 To	otal 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 Qua	arterly Case Mix Based Per Diem Rate	Lπ 19 + Ln 24	\$229.88	\$131.27	\$0.00	\$21.79	\$21.81	\$0.00	\$40.29	\$3.15	\$9.90	1
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.59			-i		·				
20 wild	enterry i er orem nate for bett nottt allti Leave Days	(Eli 25 - Eli 25) V.75	\$159.59									

	wider: Green Acres Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e_Mix Index {C			Facility Specific	State- wide
PN	rdr ID: 00083014A Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: triv BIMS score	N/A 36.1%	18.37% 2.5%			i Overali CMI: Medicaid CMI:		1.1607	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		2.82	2.0%	Ortrly Moaid	CMI w RUG \			1.3983 1.4215	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
			а	b	С	d	е	f	9	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS					1		:	•	1		i
	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1	1			
1 '	Type of Facility within Peer Group	(see I dicy manual)		. All Facilities	: All Facilities	Free Standing	All Facilities	: All Facilities	All Facilities	1		1
1	Bed Size Range within Peer Group		1	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
1 1	Peer Group Standards & Efficiency Measure Limits				!				:			
2	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%	1	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%	:	105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			ţ.
	Base Period Per Diem Allowed Amounts		:			1 :				i ,		:
5	As Filed Cost Center Costs (Routine & Special Stycs 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	S0
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)	1
· 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	
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016		:	1 1		1				,
: ;	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 Adjstrnt to Routine Srvcs	En 7 / En 8 Col a	\$138.47	\$71.94	\$0.00	\$14.63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1607</u>				1	:			
11 (Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98		1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$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 Srvcs)	per Peer Group Limits	:	\$71,51	\$8.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$123.48	\$61.98	\$0.00	\$14.63	\$16.94	!	\$17.34	\$2.82	9.02	\$0.75
. 1	Quarterly Per Diem Rate Prior to Add-ons				ſ			i		1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alfwnc %	\$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 + 1n 15	\$143.86	\$73.37	\$0.00	\$17.32	\$20.05	•	\$20.53	\$2.82	\$9.02	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4215							45.02	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$104.30		1		1	:	1		
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					1			:	. :		
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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61		Ψ0.12	\$0.41	. 40.00	Ψ0.31	1	φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$2.09	\$2.09		1		1	:			t
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	1 :		
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 + £n 24	\$198.12	\$109.53	\$0.00	\$17.54	\$20.46	\$0.00	\$38.00	\$2.82	\$9.02	**********
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.77		<u> </u>	·i		J	· · · · · · · · · · · · · · · · · · ·	<u> </u>		

Provider: Greene Point Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00142634A Case Mix Per Diem Rate Effective I MDS & Nurse Hrs Data per Quarter En			wth Allowance: trly BIMS score	N/A 43.2% 3.38	18.37% 2.5% 3.0%	Oddy Mesid		d Overall CMI: Medicaid CMI;		1.2987 1.4905 1.5183	1.3617 1.5438 1.5713
Line	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatns	Admin	A&G- GL-PL	Property	Taxes
# Description	Calculations		Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
· , , , , , , , , , , , , , , , , , , ,		a	b	<u>C</u>	d	е	f	g	<u> 9</u>	h	î
CASE MIX BASED RATE CALCULATIONS		:			.			:	:		
1 Cost Center Peer Groups	(see Policy Manual)	1	. 1	1	2	1	1	1	: 1		
Type of Facility within Peer Group Bad Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bod Sizes	·		
Peer Group Standards & Efficiency Measure Limits	:				71. DOG 0/200	7 II DOG GIZGO	, an odd checs				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	į.	50.0%	: !		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	;		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	•			:	:						
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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		:			1	1		,	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL ins Rpt Days						i .	i	21,118		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	:	1		:	:			
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27				:				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04	ŧ	\$18.48	\$2.88	\$10.57	\$0.63
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	3	\$20.56	\$0.00	N/A	
14 Base Períod 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	\$0.63
Quarterly Per Diem Rate Prior to Add-ons	i								:	(FRV)	
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	:	1	******	!		1	4.2.0 ,	Ψ0.00
18 Ortrly Routine Srvcs 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	!!!				1						
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 S	Sivs) Ln 19 Col b x CPS Add-on	\$2.71	\$2.71		1				1	44.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Sives)	Ln 19 Col b x Sting Add-on	\$3.25	\$3.25	:	1				: :		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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					1	<u> </u>	ì		

	ovider: Gwinnett Extended Care Center odr ID: 00781382A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		owth Allowance: trly BIMS score	Score N/A 40.6% 6.04	Add-on <u>Percent</u> 18.37% 2.5% 5.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4525 1.6335 1.6630	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	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4525</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6630</u>								
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.52	\$3.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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									

	rovider: Habersham Home	,	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
P	rvdr ID: 00141292A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			Overall CMI:		1.1936	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q	trly BIMS score uality Incentive:	52.1% 4.18	5.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.3459 1.3687	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
		·	а	ь	C	d	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											1
- 1	Cast Center Peer Groups	(see Policy Manual)		1			1	1	: .			1
	Type of Facility within Peer Group	(See Folicy Manual)		All Facilities	All Facilities	Hosp Based	1 All Facilities		1 All Facilities	1		:
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		: All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits				:				i			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	<u> </u>		
	Base Period Per Diem Allowed Amounts	·			· :			:		:		i
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$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	
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201					1		1		j T
	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 Adjstmt to Routine Srvcs	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 ctrs of FY12		1.1936		1			1		•	1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51		•		1	İ	1		1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	:	\$20.56	\$0.00	N/A	1
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	\$0.00
:	Quarterly Per Diem Rate Prior to Add-ons					1		:	1	1	(FRV)	
15		Ln 14 x Grwth Allwnc %	\$22.94	\$13.14	\$0.00	\$2.24	\$4.24	\$0.00	\$3.32	N/A	51/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	N/A \$8.05	N/A \$0.00
17	·	per Current Otr End	\$100.00	1.3687	. 40.00	\$14.45	φε1.33	30.00	321.33	\$2.01	20.03	\$0.00
18		Ln 16 x Ln 17		\$115.86		1		:				
19		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					1						
20	· -	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	60.27		#C 00	
21	BIMS Add-on Per Diem = 5,5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$6.37	\$6.37	. Ψ0.00	\$0.22	φυ.00	90.00	\$0.37		\$0.00	i
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.48	\$3,48		1		:	!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	04.00				:	\$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		Ln 19 + Ln 24	\$217.41	\$125,71	\$0.00	\$14.65	\$27.33	\$0.00	·	\$2.81	\$8.05	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.23				7-2-00	+5.00	+25,00		40.03	\$0.00
20	sourcery i er press nate for bed note and Leave bays	(Lit 25 - Lit 25) 0.75	\$15U.23	:								

1	rovider: Haralson Nursing and Rehab Center	Adv	d-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
'	Case Mix Per Diem Rate Effective Date:	1/1/2021		ly BIMS score		1.0%			i Overali CMI: redicaid CMI:		1.5429 1.7175	1,4014 1,5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hours per 0				2.0%	Ortrly Moaid	CMI w RUG V			1,7498	1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	е	f	g		h	i
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Typa of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	Lri 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 FYt0		1,5429								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ኒስ 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 (or Medicaid Residents	per Current Qtr End		1,7498								
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.17								
13	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 ([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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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		***************************************			.				

	ovider: Harborview Health Systems of Jesup vdr ID: 00141611A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 23.0% 4.08	Add-on <u>Percent</u> 18.37% 1.0% 4.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4862 1.6707 1.6994	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
CA	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 Ln 9 / Ln 10		1.4862								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$47.85	#0.00	044.05	044.50		000.44	04.40	000.40	00.07
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$47.85 \$71.51	\$0.00 \$0.00	\$14.35	\$11.52 \$23.09		\$23.11	\$1.48	\$20.12	\$0.97
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.91	\$47.85	\$0.00	\$18.41 \$14.35	\$23.09 \$11.52		\$20.56 \$20.56	\$0.00 \$1.48	N/A 7.18	\$0.97
14	Base Feriod Case Mix Adjusted Allowed Fer Dieffi	Lessel of Eli 12 of Eli 13	\$103.91	φ47.00	\$0.00	\$14.33	φ11.52		\$20.56	\$1.40	(FRV)	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	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 per Current Qtr End	\$121.24	\$56.64	\$0.00	\$16.99	\$13.64	\$0.00	\$24.34	\$1.48	\$7.18	\$0.97
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.6994 \$96.25								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96	,	, .	, ,	,			•	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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						li .	ı .		

Provider: Harborview Health Systems - Pierce Prvdr ID: 00142447A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2039	State- wide 1,3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q urs per On-Site Day/Q	trly BIMS score uality Incentive:		1.0% 3.0%	Ortrly Moaid		Medicaid CMI	;	1.5180 1.5440	1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	C	ď	е	f	g	9	h	i ,
CASE MIX BASED RATE CALCULATIONS							:		1		
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)	· ·	1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities		!	
Bed Size Range within Peer Group		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		d i		
Peer Group Standards & Efficiency Measure Limits	•	i			i ;			!	1	:	
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	i i		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	1		:					•	\$		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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			1				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days				1		:		17,258		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi 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	5	1.2039		,						
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91		1	_			1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AilOthr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	1	\$9.45	\$0.60
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of En 12 or Ln 13		\$71.51	\$0.00		\$23.09	:	\$20.56		N/A	
Quarterly Per Diem Rate Prior to Add-ons	Lusser of Early Of Ln 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
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 Qlr End	:	1.5440								
18 Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.70						1		
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	•				1					1	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31			43.0 1	\$0.00		1	Ψ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.92	\$3.92	:	1						
23 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
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	· · · · · · · · · · · · · · · · · · ·	*			·	***************************************	-i		

Provider: Prvdr ID:		-,		wth Allowance: trly BIMS score	Facility Score N/A 15,4% 5.60	Add-on Percent 18.37% 0.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3231 1.5943 1.6213	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		•	а	b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS				ļ.				:	:		
1 Cost	t Center Peer Groups	(see Policy Manual)		1	. 1	1	1	. 1				
. !	Type of Facility within Peer Group	:		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	. All Facilities	1		
!	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bad Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits	:										
2 Per	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
Base	Period Per Diem Allowed Amounts	•				:		i				
5 As	Filed Cost Center Costs (Routine & Special Sives 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463		\$1,405,562		\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718				,		1		4101,022	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days			:)	22,515		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3231		i	•	: '	:		•	
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	. Ln 9 / Ln 10 .		\$87.69		: !				: 1		
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0.00	\$28.59	\$21.29	i	\$42.96	\$2.11	\$5.64	\$0.49
13 Pei	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	İ	\$20.56		N/A	
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21	\$0.49
	dadu Day Diana Bata Bata ta Add ann					1					(FRV)	
	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$26.08	\$13.14	\$0.00	PC 05	60.04		60.70			
	AA Allowed Per Diem (Alter Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.84	\$84.65	\$0.00	\$5.25 \$33.84	\$3.91 \$25.20	\$0.00 \$0.00	\$3.78 \$24.34		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$101.04	1.6213	φυ.υυ	\$33.04	\$25,20	. 20.00	\$24.34	\$2.11	\$11.21	\$0.49
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.24			:					:
	rarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$234.43	\$137.24	\$0.00	\$33.84	\$25.20	\$0.00	\$24.34	\$2.11	\$11.21	\$0,49
		:							:	:	4 11111	
	rterly Per Diem Add-on Amounts	food Policy Monually								1	_	
	iciency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0} MS Add-on Per Diem = 0.0% (to Routine Srys)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	MS Add-on Per Diem = 0.0% (to Routine Srvs) Irse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sling Add-on	\$0.00	\$0.00					: 	:		
	ursing Home Provider Fee	(Fixed Amount)	\$4.12 \$17.10	\$4.12				š		1 1		
	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21.85	\$4.12	60.00	£0.00	60 **		\$17.10	1		
		d			\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	· · · · · · · · · · · · · · · · · · ·	\$0.00	\$0.00
∠o uuar	rterly 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
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.39									

	ovider: Harborview Health Systems - Thomaston		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
1	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:		18.37% 1.0% 2.0%	Ortrly Meald		d Overall CMI: Medicaid CMI: Wght Options:		1.2365 1.4425 1.4672	1.3617 1.5438 1.5713
Lîne	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					i						
1 }	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1	1			
1 !	Type of Facility within Peer Group	(South Group) managery		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
1 :	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				l			i I				k 1
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	!		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			i .
1	Base Period Per Diem Allowed Amounts			:				1				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	. St
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)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772		\$59,739	\$388,699	\$33,09
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047			1		:		1		
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days				• :		1	1	39,871		1
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2365		1		:				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03					I .	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.93
1 1	Quarterly Per Diem Rate Prior to Add-ons					1		:			(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.16	\$10.48	\$0.00	\$2.80	\$2.10	\$0.00	\$3.78	N/A	21/2	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.55	\$67.51	\$0.00		\$13.53	\$0.00	\$24.34	\$1.50	N/A \$8.73	N/A \$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3 104200	1.4672	30.00	\$10.02	\$13.33	φυ.υσ	324.34	\$1.50	\$6.73	30.92
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.05		i			!	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 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			:	:		4.2.00		1251		\$0.10	. 40.02
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.40									
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$0.99	\$0.53 \$0.99	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$0.99 \$1.98	\$0.99 \$1.98		1			!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$1.90 \$17.10	\$1.98	:	1		1	. 647.40			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$21.23	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	
-	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			\$0.00
				4102.33	30.00	J10.24	\$13.94	\$0.00	\$41.44	\$1.50	\$8.73	\$0.92
∠6	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.67									

FINAL

Provider: Harrington Park Prvdr ID: 003165726A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 19.2% 3,59	Add-on Percent 18.37% 0.0% 3.0%		Quarteri caid CMI w RUC	iod Overall CMI; y Medicaid CMI; 3 Wght Options;		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 l	b	<u> </u>	d	е	f	g		h	í
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: Befficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrity 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% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursen Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$172.06 \$23.31 \$198.13 \$218.53 \$0.00 \$3.02 \$17.10	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$57.93 \$12.48 \$80.41 1.2537 \$100.81 \$100.81	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12 \$23.12		\$37.80 \$37.80 \$37.80 (FRV Rate) \$37.80	
Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate		\$20.12 \$238.65	6402.02		600 70	ens on					
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.17	\$235,b5	\$103.83	ļ	\$20.70	\$25,97	ļ	\$40.22	\$2.76	\$37.80	\$7.37

ŧ	rovider: Hart Care Center rvdr ID: 00167857A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score		Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.5289 1.6493 1.6771	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	С	d	е	f	g	g	h	ì
<u>C</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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					Í			,,,,,	*
	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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$49.44				:				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwinc %	\$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 (Atter 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	Ortrly Routine Stvcs 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 Srvs)	Ln 19 Collb x CPS Add-on	\$2.45	\$2.45	·						45,50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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							1		
	1		1	E								

	ovider: Hartwell Health and Rehabilitation vdr ID: 00141413A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 24.6% 3.31	Add-on <u>Percent</u> 18.37% 1.0% 4.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3222 1.5191 1.5432	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
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$61.08	#0.00	#00.40	¢14.00		£40.07	#0.04	#11.0C	фо o7
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$61.08 \$71.51	\$0.00 \$0.00	\$30.40 \$29.15	\$14.06 \$23.09		\$42.87 \$20.56	\$2.81 \$0.00	\$11.26 N/A	\$0.07
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.91	\$71.51 \$61.08	\$0.00	\$29.15	\$23.09 \$14.06		\$20.56	\$0.00	8.18	\$0.07
14	base Fellou Case Wilk Aujusteu Alloweu Fel Dielli	EGSSGI OF EIT IZ OF EIT IO	\$133.91	φ01.00	φ0.00	φ29.13	φ14.00		φ20.50	φ2.01	(FRV)	φ0.07
	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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$158.84	\$72.30	\$0.00	\$34.50	\$16.64	\$0.00	\$24.34	\$2.81	\$8.18	\$0.07
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5432</u> \$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12	*****	*****	*****	*****	*****		*****	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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			1				1		

	vider: Hazlehurst Court Care and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	:MI) Data	•	Facility Specific	State- wide
Prv	dr ID: 00059705A			wth Allowance:		18.37%			Overall CMI		1.4494	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q s per On-Site Day/Q	trly BIMS score uality Incentive:		0.0% 3.0%	Ortrly Meaid	Quarterly N CMI w RUG V	Medicaid CMI: Noht Options:		1.4612 1.4866	1.5438 1.5713
1			-	ſ			·	Plant	Admin			Taxes
Line :	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	Property and Related	and Insurance
i			a	b	С	d	е	f	g	g	h	; i
CA	ASE MIX BASED RATE CALCULATIONS					:			į	:		
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	:		
- 1	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%	: 1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
	Base Period Per Diem Allowed Amounts	:		:		1		:				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	\$
6 -	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,75
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576		\$15,264	\$230,322	\$11.75
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818			:	-	1	!	1 1	,,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL ins Rpt Days		:	:				!	24,682		į
9 ;	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494		1		:		1	******	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45		1		:		1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.45	\$0.00	\$14.50	\$12,88	1	\$39.64	\$0.62	\$10.56	\$0.5
13 😘	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	the second second	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	\$0.5
	Ourseleste Box Diose Bote Below to Add was					1			i	1 /	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	040.70							1		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.79	\$7.98	\$0.00		\$2.37	\$0.00	\$3.78	N/A	N/A	N/A
17		per Current Qtr End	\$116.12	\$51.43	\$0.00	\$17,16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.5
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4866		1		:	İ	1		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	£4.44.4E	\$76.46		647.46	#45.05		, , , , , , , ,			
, ,	Coarterly Medicaid CNA Allowed Fer Dieta	NO - EN 10, Allouis - EN 10	\$141.15	\$76.46	\$0.00	\$17.16	\$15.25	\$0.00	\$24.34	\$0.62	\$6.78	\$0.5
	Quarterly Per Diem Add-on Amounts	;				1				1		
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	1	\$0.00	
21 ;	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29		1		:				1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$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	\$0.0
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	\$0.5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108,45	:	·				:	<u> </u>		

Case Mix Per Diam Rate (Place Property Findings 11/10/2012 11/10	Provider:	Heardmont Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C		•	Facility Specific	State- wide
Line Description Sources Totals Sources Totals Sources Sources Totals Source	Prvdr ID:	00082981A				N/A	18.37%					1.1433	1.3617
Pasciplion Calcifolions Totals Routine Special Services Distanty Essaying Pipet Admin AG-GL-PL Properly and fast Services Se	;							Ortely Maniel					1.5438
Description Description Description Description Calculations Description Calculations Description		ANDO G HUSSETHS Data per Quarter Chang.	05/30/20 14d/se 110	urs per on one bayra	daily incentive.	2.07	3.079	Qidiy Mcaid	CIMI W ROG I	regni Options	•	1.0722	1.5713
CASE MIX BASED RATE CALCULATIONS 1	Line #	Description		Totals			Dietary	•	Operatos	and		and	Taxes and Insurance
Cost Center Pear Croups (see Policy Manual) F	. :		: 	а	b	С	d	е	f	g	g	h	i
Type of Ficility within Part Group All Ficilities A	CASE	MIX BASED RATE CALCULATIONS				:							
Professional Processions All Facilities All Facilit	1 Cost	Center Peer Groups	(see Policy Manual)		. 1	1	. 2	1	. 1	1			1
Rest Size Range within Pieer Group Rest Size Range within Pieer Group Rest Size Range Size Ra			(add t alla) manaat,		All Facilities	-		All Facilities	All Facilities	All Facilities	1		
2 Peer Group Standards: Peercenting Geop Policy Manual) 90.0%		Bed Size Range within Peer Group			All Bed Sizes								
See Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Amounts (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Allowed Per Diem (see Period Per Diem Standard, see Per Diem Allowed Per Diem (see Period Per Diem Standard, see Per Diem Standard, see Per Diem (see Period Per Diem Standard, see Per Diem Standard, see Per Diem Standard, see Per Diem (see Period Per Diem Standard, see Period Standard, see Period Standard, see Period Standard, see Period Standard, see Period Standard, see Period Standard, se	Peer	Group Standards & Efficiency Measure Limits		•									
Base Period Protein Allowed Amounts	2 Pee	er Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts A Filed FV12 CR - FV 2018 GL-PL Rpt A Filed FV12 CR - FV 2018 GL-PL Rpt S 2,723,340.00 \$1,179,431 \$0 \$331,27 \$218,788 \$290,998 \$441,425 \$51,822 \$309,849 \$47,773 \$1,000 \$1,779,431 \$1,000 \$1,799,431 \$1,000 \$1,			(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed PT2 CRPT 2018 GLPL. Rpt \$2,723,340,00 \$1,179,431 \$0 \$3331,277 \$218,788 \$290,998 \$441,425 \$51,622 \$209,849 \$7104 \$1,000	4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			į
6 Audit Adjustments and Reallocations to Cost Center Costs	Base	Period Per Diem Allowed Amounts		*					!	•	[;		,
Total Nursing Facility Days As Filed Days = 20,589 FY12 Audited CIR S2,659,875 \$1,179,431 \$0 \$33,1713 \$215,589 \$273,399 \$403,952 \$51,622 \$176,383 \$275,399 \$103,952 \$104,740 \$14,740 \$	5 Asl	Filed Cost Center Costs (Routine & Special Srvcs 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
7 Cost Center Costs After Audit Adjustments	6 Aud	lit 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
Total Nursing Facility Days As Filed Days = 20,589 F1/2 Audited CR Days	7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713				1	, ,	\$27,826
9 Net Per Diems prior to Case Mix Adjistmit to Routine Srvcs	8 ; T	otal Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589					: '		'' ''	*****	,
9 Nel Per Diems prior to Case Mix Adjistnt to Routine Srvcs 10 Base Period Facility Case Mix Adjistnt (CMA) Net Per Diem 11 Routine Srvcs Case Mix Adjistnt (CMA) Net Per Diem 12 Nel Per Diems after Case Mix Adjistnt (CMA) Net Per Diem 13 Per Diem Standards (Alter Stalewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjistnt (CMA) Net Per Diem 15 Per Diem Standards (Alter Stalewide CMA for Routine Srvcs) 16 Base Period Case Mix Adjistnt (CMA) Net Per Diem 17 Per Diem Standards (Alter Stalewide CMA for Routine Srvcs) 18 Per Diem Standards (Alter Stalewide CMA for Routine Srvcs) 19 Per Diem Rate Prior to Add-ons 10 Cauarterly Per Diem Rate Prior to Add-ons 10 Cauarterly Per Diem Rate Prior to Add-ons 10 Cauarterly Per Diem Rate Prior to Add-ons 10 Cauarterly Per Diem Rate Prior Mallowance Add-on) 10 Cauarterly Per Diem Rate Prior Mallowance Add-on) 10 Cauarterly Per Diem Rate Prior Mallowance Add-on) 11 Cauarterly Per Diem Rate Prior Mallowance Add-on) 12 Cauarterly Per Diem Rate Side Mix Indeg for Mallowance Add-on) 13 Cauarterly Per Diem Rate Prior Diem Rate Prior Diem Rate Prior Diem Rate Prior Diem Rate Prior Diem Rate Prior Side Rate Rate Rate Rate Rate Rate Rate Rat	' : т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days	:		:	: :		!	:	14,740		
Base Period Facility Case Mix Adjust (CMA) Net Per Diem	9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130,18	\$57.28	\$0.00	\$16.11	\$23.75	(with L&H)	\$19.62		\$8.57	\$1.35
12 Net Per Diems after Case Mix Adjistint to Routine Srvcs	10 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1433						1	•	
13 Per Diem Standards (After Statewide CMA for Routine Sives) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 \$14.41 \$23.09 \$19.62 \$3.50 \$7.56 \$3.60 \$3.60 \$1.60 \$3.60 \$1.60 \$3.60 \$1.60 \$3.60 \$1.60 \$3.60 \$1.60 \$3.60 \$1.60 \$3.60 \$3.60 \$1.60 \$3.60 \$3.60 \$1.60 \$3.	11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,10	•	1				1		
Per Diem Standards (After Statewide CMA for Routine Srvcs)	12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75	 -	\$19.62	\$3.50	\$8.57	\$1.35
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 \$3.60 7.56 \$3.60 \$3.60 \$1.50 \$3.5	13 : Per	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09	: !	\$20.56	\$0.00		
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwinc % \$20,00 \$9,20 \$0,00 \$2,96 \$4,24 \$0,00 \$3,60 N/A N/A	14 Bas	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16,11				1		\$1.35
15 Growth Allowance Percentage = 18.37%	i .		•				1			: '	1		: :
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 \$0 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$99,16 Quarterly Medicaid CMA Allowed Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x 75, up to max, or 0) BilMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2,48 \$2,48 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs) Ln 19 Col b x Sting Add-on \$2,97 \$2,97 Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts \$2,00 \$3,00 \$3,50 \$3,	1	•	Lucation Court Allegan M							:	1		
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End 1,6722 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem													N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (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 \$0.00 \$0.00 \$19,07 \$27,33 \$0.00 \$23,22 \$3,50 \$7,56 \$0.00		•		\$141.33		\$0.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
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 \$0.00 \$0.00 \$19,07 \$27,33 \$0.00 \$23,22 \$3,50 \$7,56 \$0.00 \$0.0			• · · · · · · · · · · · · · · · · · · ·	•			1			1	:		
Quarterly Per Diem Add-on Amounts 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 \$0.00 \$0.37 \$0.00						***	240.07	****			:i		
Efficiency Add-on Per Diern ([Strid - 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 \$0.00 \$0.37 \$0.00 \$0.	. 19 0206	asterly Medicalo CMA Allowed Fer Dieni	NO - CI TO, ANGUN - CIT IB	\$181.19	\$88.16	50.00	\$19.07	\$27.33	\$0.00	\$23.22	\$3.50	\$7.56	\$1.35
BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.48	Quart	terly Per Diem Add-on Amounts									1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Ln 19 Col b x Stifing Add-on \$2.97 \$2.	. 1		. , ,	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	1	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		<u> </u>		\$2.48	\$2.48		1		ì	!			
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 \$10.00	22 Nur	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.97	\$2.97		1			i	1		
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 \$	23 Nur	sing Home Provider Fee		\$17.10	:					\$17.10	1		
7.00	24 Tota	al Quarterly Per Diern Add-on Amounts	Sum of Lns 20 lhru 23	\$23.67	\$5.98	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25 Quart	terly 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	26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.82	:	•			• • • • • • • • • • • • • • • • • • • •	·	<u>, </u>		

FINAL

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 No	Add-on Dat	a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 27.4% 3.09	Add-on Percent 18.37% 1.0% 3.0%	***************************************	Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4%	FY2018 GL-PL Ins. Rp FY2018 GL-PL Ins. Rp FY 2012 Peer Group Lin	t	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59	\$ 26,069 33,100	\$13.41 \$13.41	
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$164.55	\$80.41 <u>1.8047</u> \$145.11		\$20.70	\$25.97		\$23.12		\$13.41 (FRV Rate)	\$0.15
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$229.25 \$1.45 \$4.35 \$17.10 \$22.90	\$145.11 \$1.45 \$4.35		\$20.70	\$25.97		\$23.12 17.10	\$0.79	\$13.41	\$0.15
Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate		\$252.16	\$150.92		\$20.70	\$25.97	-	\$40.22	£0.70	612.44	60.45
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$176.29	\$232.10	\$150.92		\$20.70	\$25.97	-	\$40.22	\$0.79	\$13.41	\$0.15

Provider: Heritage Healthcare -Forsyth, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID: 00141017A Case Mix Per Diem Rate Effective I MDS & Nurse Hrs Data per Quarter En		d	owth Allowance: htrly BIMS score	N/A 26.8%	18.37% 1.0%		Quarterly I	d Overail CMI: Medicaid CMI:		1.3861 1.5567	1,3617 1,5438
MIDS & Moise Fils Data per Quarter En	birg: 09/30/20 Norse Hot	urs per On-Site Day/Q	uality Incentive:	2.81	3.0%	Ortrly Moaid	CMI w RUG \	Nght 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
		а	b	С	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	1		İ		;						· · · · · · · · · · · · · · · · · · ·
1 Cost Center Peer Groups	(see Policy Manual)	:	. 1		. 2	1					
Type of Facility within Peer Group	(add t dilay mailiagly		. All Facilities	·	-	All Facilities	All Facilities	. All Facilities			
Bed Size Rango within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	•				1			;	!		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts		1			!				1		:
5 As Filed Cost Center Costs (Routine & Special Srvcs 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	#40.4.0co	
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	/			\$134,358	. \$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0 \$0	\$323,156	\$284.032	(\$893) \$216,660	(\$62,665) \$441,167	\$173,285	(\$31,328)	
8 Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359			ΨΟΣΟ, 100	Ψ204,032	\$2.10,000		\$173,205	\$103,030	\$31,328
Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days	20,000			1		ı		04 500		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Stycs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	24,586 \$7.05	64.00	
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3861		Ψ12.14	Ψ15.74	(WAII) ECH 19	\$ 917.40	\$7.05	\$4.06	\$1,24
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$55,14	•	1				:		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$55.14	\$0.00	\$12.74	\$19.74	l	. 647.40	67.05	***	
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	!	\$17.40 \$20,56	\$7.05	\$4.06	\$1.24
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00		\$23.09 \$19.74		\$20.56	\$0.00	N/A	
		Ψ120.00	933.14	. 30,00	\$12.14	\$19.74		\$17.40	\$7.05	7.25 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons	:	•			1				i :	(1.378)	
15 Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwnc %	\$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 Qir End		1.5849								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$103.45						1		
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	! !				1				1 :		
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 s	irvs) Ln 19 Col b x CPS Add-on	\$1.03	\$1,03		:	****	. 40.00			φ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10		1				: 1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10					ı	\$17.10	: i		
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		\$7.25	\$1.24
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.78								¥1.23	41.24

Provide Prvdr II	· · · · · · · · · · · · · · · · · · ·		Add-on Dala and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
PIVOLIL	Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trly BIMS score	N/A 32.7%	18.37% 2.5%			f Overall CMI: Medicaid CMI:		1.4300 1.5750	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	ality Incentive:	3.14	3.0%	Ortrly Meaid	CMI w RUĞ \	Nght Options:		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
	**************************************		а	b	С	d	6	f	g	g	h	í
CASE	MIX BASED RATE CALCULATIONS					:				1		
1 Cos	st 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			
	r Group Standards & Efficiency Measure Limits	:						:				
	eer Group Standards: Percentile eer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	:		
	der Group Standards, Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			•
	e Period Per Diem Allowed Amounts	, toot and manage		00.00	\$0.00	30.22	QU71	:	. 30.37	i .		:
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$4,985,099.00	\$2,702,048	\$0	\$472.068	\$338,666		6740.000	£470.000	2000 100	!
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,625)	(\$3,061)	\$0 \$0	(\$233)	\$330,000 \$0	\$329,325 (\$491)	\$719,325 \$92,840	A CONTRACTOR OF THE PROPERTY O	\$250,437	\$0
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0 \$0	\$471.835	\$338,666	\$328,834	\$626,485		(\$43,856) \$206,581	\$43,856 \$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32.702	02,000,007		V+7 1,000	ΦΟΟ,ΘΟΟΦ	9020,004	. 2020,400	9173,230	\$200,561	\$43,000
į.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days				1		3		24,441		
9 No	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16		\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300		1 :	*		. •		40.02	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72		1 }				1		ļ.
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41	:	\$19.16	\$7.09	\$6.32	\$1,34
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase 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	\$1.34
Qua	arterly Per Diem Rate Prior to Add-ons					: !					(FRV)	
15 G	rowth 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 CI	MA Allowed Per Diem (After Growth Allowance Add-on)	En 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								
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$109.52		1				1		
19 Q	uarterly 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
Qua	arterly Per Diem Add-on Amounts					: i			:			
20 Ef	ficiency 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	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2,74		1		!		: I	13.44	
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.29	\$3.29		: '		!				
	ursing Home Provider Fee	(Fixed Amount)	\$17,10	:		1			\$17.10	}		
24 To	otal 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 Qua	rterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.66			······································		i	÷			

	wider: Heritage Inn of Barnesville		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	(MI) Data	-	Facility Specific	State- wide
Prv	rdr ID: 00143613A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Ho		owth Allowance: tirly BIMS score tuality Incentive:	49.2%	18.37% 5.5% 3.0%	Ortrly Meaid		d Overall CMI: Medicald CMI: Woht Options:	ī	1.3499 1.5309 1.5560	1.3617 1.5438 1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS								1			
1	Cost Center Peer Groups	(see Policy Manual)			. 1	2	f	1	}	:		i
	Type of Facility within Peer Group Bed Size Range within Peer Group	(add t olicy manual)		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	:		1
1 1	Peer Group Standards & Efficiency Measure Limits		i			1		:		1		l
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			•
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
*	Emoleticy ineasure inaximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			ı
	Base Period Per Diem Allowed Amounts								:			
5 -	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)	į i	(\$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	FY12 Audited C/R Days	39,325						İ			
: .	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days			:					39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3499		:		i		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83	:	1			:	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14,97		\$15.56	\$2.82	\$8.97	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97	1	\$15.56	\$2.82	7.05	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.06	\$60.17	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5560					:			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.51	\$93.62	\$0.00	\$16.26	\$17.72	\$0.00	\$18.42	\$2.82	\$7.05	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.15	\$5.15	1		40.41	45.00		!	φ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Cal b x Stfng Add-on	\$2.81	\$2,81	i	1				1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10		!				\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.59	\$8.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25	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
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.50	:	<u> </u>	<u>; </u>		!		<u> </u>		· · · · · · · · · · · · · · · · · · ·

Provid Prvdr		1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 50.0% 3.42	Add-on Percent 18.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3183 1.7621 1.7950	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
<u>:</u>			<u>a</u>	<u>b</u>	C	d	е	f	<u>g</u>	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS					. :		!	:			ļ.
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	eer Group Standards & Efficiency Measure Limits							:				
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
B	ase Period Per Diem Allowed Amounts					1						
		As Filed FY12 C/R -FY 2018 GL-PL Rot	\$2,922,685.33	\$1,514,491	\$0	\$318,355	\$150,840					i
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$11,961)	\$1,514,491	\$0 \$0		\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0 \$0		\$457 \$151,297	\$663 \$219,451	(\$13,956) \$360,405	\$57,351	(\$21,030)	
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700	01,074,451		Ψ510,555	\$101,297	JZ 19,431	\$300,403	301,301	\$267,469	\$21,905
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days				1			Ì	21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qlrs of FY12		1.3183			0.1700	(<u>-</u>	:	Ψ201	\$12.00	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	Ψ1.01
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	\$1.01
	uarterly Per Diem Rate Prior to Add-ons				I	1					(FRV)	\ ∳
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwho %	\$18.61	\$9.73	\$0.00	\$2.69	\$3.14	\$0.00	\$3.05	N/A	N/A	N/A
	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 Case Mix Index for Medicaid Residents	per Current QIr End		1.7950						:		
18	Ordry Routine Srvcs 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
Q	uarterly Per Diem Add-on Amounts					1			!			
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 Srvs)	Ln 19 Col b x CPS Add-on	\$6.19	\$6.19			43.11		45.57		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37		1				,		
	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 Qı	uarterly 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 0	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.97			i			÷	<u> </u>		

	vider: Heritage Inn of Statesboro		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	35.5%	2.5% 2.0%	Ortrly Meald	Quarterly I	uoverali CMI; Medicaid CMI; Nght Options:		1.2962 1.5662 1.5940	1.3617 1.5438 1.5713
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
#		Calculations			<u> </u>		. ~	& Maint	General	Instrance	Related	Insurance
			а	<u>b</u>	. с	<u> d</u>	е	f	g	<u>g</u>	h	<u> i </u>
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS				:				!	:		
1 !	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	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	i i		
1	Peer Group Standards & Efficiency Measure Limits					1						
2 ;	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)	ı	100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
- }	Base Period Per Diem Allowed Amounts					1		:	1	1		
5	As Filed Cost Center Costs (Rouline & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	28,133			:		1		i :		
;	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpt Days								28,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons				:			1	i	1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwne %	\$18.43	¢0.70		F0.00	£0.04				****	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.93	\$9.79 \$63.06	\$0.00 \$0.00		\$2.94	\$0.00	\$3.10	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$129.93	1.5940	\$0.00	\$10.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1.04
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.52	:	1				i i		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$167.39	\$100.52	\$0.00	\$16.77	\$18.92	\$0.00	\$20.00	\$3.08	\$7.06	\$1,04
1						V10.17	\$10.52	. 40.00	\$20.00	φ3.00	97.00	\$1,02
	Quarterly Per Diem Add-on Amounts							:		1		
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 Rouline Srvs)	En 19 Col b x CPS Add-on	\$2.51	\$2.51	:				1	: :		
22 :	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$2.01	\$2.01		1				i i		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	i e		1 1		:	\$17.10	1		
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	:	***************************************			•		· · · · · · · · · · · · · · · · · · ·		

	ovider: High Shoals Health & Rehabilitation		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	<u>-</u>	Facility Specific 1.3425	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		trly BIMS score	24.2%	1.0% 3.0%	Qrtrly Mcaid		Medicaid CMI	:	1.3466 1.3705	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$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	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		1.3705								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$208.45	\$116.01 \$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.48	\$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		•			•		, ,		

Adudit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments (\$55,257) (\$7,300) \$0 \$1,036 (\$2,265) (\$2,086) (\$4	nin d Insurance	and	1.5438 1.5713
Bescription Sources / Calculations Sources / Calculations Services Services Services Dietary Laundry & Houskpng Services Se	d A&G- GL-PL eral Insurance	and	Touse
Case Mix Based Rate Calculations 1 1 2 1 1 1 2 1 1 1	g	Related	Taxes and Insurance
Cost Center Peer Groups		h	i
Typo of Facilities All Facilities			:
Type of Facilities All Facilities	3		
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0%			•
3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100	i	į	1
See Foliop Standards: Multiplier (see Policy Manual) 100.0%	1%		
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs Africa Advit Adjustments 8 Superiod Per Diem Allowed Amounts 9 Superiod Per Diem Allo			:
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 \$53 6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments (\$55,257) (\$7,300) \$0 \$1,036 (\$2,265) (\$2,086) \$4	37		!
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts (\$55,257) (\$7,300) \$0 \$1,036 (\$2,265) (\$2,086) (\$4	;	*	
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts (\$55,257) (\$7,300) \$0 \$1,036 (\$2,265) (\$2,086) {\$4	2,862 \$62,431	\$237,454	\$0
7 Post Contar Conta After Audit Adjustments	2,166)	(\$40,283)	
\$3,000,339 \$1,507,550 \$0 \$318,402 \$214,937 \$198,025 \$49	0,696 \$62,431		\$37,807
8 Total Nursing Facility Days As Filed Days = 22,914 FY12 Audited C/R Days 22,914		, , , , , , ,	457,567
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824 FY 18 GL-PL Ins Rpt Days	23,824	4	
9 Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs Ln 7 / Ln 8 Col a \$134.61 \$68.41 \$0.00 \$13.90 \$18.02 (with L&H) \$	21.41 \$2.62	i i	\$1.65
10 Base Period Facility Case Mix Index for All Residents from 4 ql/s of FY12 1.2298			
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$55.63	:		:
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOlhr = 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 Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$	20.56 \$0.00		
	20.56 \$2.62		\$1.65
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%		1	
16 CMA Allound Des Dion (46 C C at 48)	3.78 N/A	N/A	N/A
3142.01 303.00 310.45 321.33 30.00 3	24.34 \$2.62	\$9.77	\$1.65
1.4300	ļ		
19 Questoris Madientid CMA Allegard Per Pierr	24.34 \$2.62	\$9.77	\$1.65
Quarterly Per Diem Add-on Amounts		1	,
20 Efficiency Add on Pos Diom. (IStad. Abella, 75 and a second			
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.94 \$0.94	50.00	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.83 \$2.83			
23 Nursing Hamp Browidge Face	7.10 :	1	
24 Total Quarterly Par Diam Addish Amounts	7,10 :	\$0.00	\$0.00
25 Cuartariu Casa Niv Record Par Diam Pate	7.10 \$0.00		
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$131.45	7.10 \$0.00 11.44 \$2.62		\$0.00 \$1.65

Provider: Jesup Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: 00142689A	4/4/0004		wth Allowance: trly BIMS score	N/A 40.5%	18.37% 2.5%			d Overall CMI: Medicaid CMI:		1.4500 1.9616	1.3617 1.5438
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		راب Jrs per On-Site Day/Qı		40.5%	2.5% 4.0%	Ortrly Moaid		Wght Options:		2.0009	1.5438
		por 011 0110 24), q	danty moonavo.			artily modic	0 11 1100	rrgin optiono.		2.0000	1.07.10
Line .	0	Takala	Routine	Special	Distance	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line # Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
	Galodiations	а	b	С	d	e	f	g	q	h	i
CACE MIX DACED DATE CALCULATIONS			-					9	9		
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			00.00/	00.00/	22.22	25.22/		50.00/			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(coor one, manea,		40.00	******	70.22			70.01			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 As Filed Days = 24,507	FY12 Audited C/R Days	24,507							04 000		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	010100	005.07	00.00	# 40.00	047.40	4	040.05	21,290	Φ 7 .00	#0.50
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$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 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.4500 \$45.29								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.29 \$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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$12.62	\$23.09		\$20.56	\$0.97	\$7.09 N/A	Φ0.52
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.39	\$45.29	\$0.00	\$12.62	\$23.09 \$17.46		\$19.95	\$0.00	6.58	\$0.52
14 Base Period Case Wilk Adjusted Allowed Per Diefit	Ecosor of En 12 of En 10	φ103.39	φ43.25	φ0.00	φ12.02	φ17.40		φ19.93	φυ.57	(FRV)	φ0.32
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = <u>18.37%</u>	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 Qrtrly Routine Srvcs 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 Srvs)	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 Srvcs)	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					l.	1	1		
	1										

FINAL

Provider: Joe-Ann Burgin Nursing Center Prvdr ID: 00141633A H/B ?: No	Case Mix Per Diem Rate Effecti MDS & Nurse Hrs Data per Quarter			ata and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 37.5% 3.68	Add-on Percent 18.37% 2.5% 3.0%	Qrtri		eriod Overall CMI: rly Medicaid CMI:		Facility Specific 1.2689 1.2221 1.2381	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
CASE MIX BASED RATE CALCULATIONS			a	ь	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Optio	ane.		I.							ı		55
Type of Facility within Peer Group	ilis			7	7	2	1	1	1			
Bed Size Range within Peer Group				All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	174.			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	78	FY2010 C/R -FY 2018 GL-PL Rp		2,218,749		659,341	196,091	287,566	544,060	33,164	125,937	8,186
Inflation (July 2012) @	2.06%			45,706		13,582	9,963		11,208			169
Patient Days		FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
Total Nursing Facility Days GL-PL Ins. Rpt		FY 18 GL-PL Ins Rpt Days								24,337		
Inflated NHC/ Patient Days				78.75		23.40	17.17		19.31	1.36	4.38	0.29
Base Period Facility CMI for all Residents	45.0			1.2689								
Routine Services Case Mix Adjusted Net Per	Diem		1	\$62.06								
Net Per Diems After Case Mix Adjustments			\$127.97	\$62.06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0.29
Per Diem Standards				\$72.49		\$17.69	\$23.20		\$21.80			
Base Period Case Mix Adjusted Allowed Per I	Diem		\$130.28	\$62.06		\$17.69	\$17.17		\$19.31	\$1.36	12.40	0.29
Quarterly Per Diem Rate Prior to Add-Ons											(FRV Rate)	
Growth Allowance 18.37%	ATV		\$21.35	\$11.40		\$3.25	\$3.15		\$3.55			
CMA Allowed Per Diem After Growth Allowand			\$151.63	\$73.46		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
Quarterly Facility Case Mix Index for Medicaid				1.2381								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) N	let Per Diem		1	\$90.95								
Quarterly Medicaid CMA Allowed Per Diem			\$169.12	\$90.95		\$20.94	\$20.32		\$22.86	\$1.36	\$12.40	\$0.29
Quarterly Per Diem Add-On Amounts			1									
Efficiency Add-On Per Diem (Std - Allwd x .75	The state of the s		\$1.31	\$0.53		\$0.00	\$0.41		\$0.37			
BIMS Add-on Per Diem =	2.5% (to Rout	ne Srvs)	\$2.27	2.27								
Nurse Staff Hrs / Quality Add-on Per Diem =	3.0%		\$2.73	2.73								
Nursing Home Provider Fee			\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts			\$23.41									
Quarterly Case Mix Based Per Diem Rate			\$192.53	\$96.48		\$20.94	\$20.73		\$40.33	\$1.36	\$12.40	\$0.29
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Py	vdr Fee) x 75%	\$131.57										

Pr	rovider: Jonesboro Nurs. & Rehab Ctr.		Add-on Data and I	Percentages	Facility Score	Add-on Percent	Case	e Mix Index (C	:MI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00531033A			wth Allowance:	N/A	18.37%			Overall CMI:		1.7250	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Qt rs per On-Site Day/Qu	trly BIMS score	25.0% 3.58	1.0% 3.0%	Outub Manial	,	Medicaid CMI:		1.6947 1.7263	1.5438 1.5713
	MDS & Nuise his Data per Quarter Ending.	09/30/20 Nuise Hou	is per On-Site Day/Qt	danty incentive.	3.30	3.070	Qriny wcaid	CMI w RUG V	vgni Options.		1.7203	1.37 13
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	NOT WITH BY IGED TO THE GY IE GOLF IT TO THE											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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			
	, i											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.98
	Quarterly Box Diam Bate Briev to Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	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	ψ100.00	1.7263	ψ0.00	Ψ10.72	Ψ10.01	ψ0.00	Ψ24.04	ψ0.70	ψ10.00	ψ1.00
18	Qrtrly Routine Srvcs 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
		·	* · · · · · · ·	******	4	*****	******	*****	4 =	*****	*******	*
	Quarterly 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74					_			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			<u>.</u>
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						•		<u>'</u>	
		• • •	Ţ 									

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID	***************************************		Gro	wth Allowance:	N/A	18.37%		Base Period	Overall CMI	;	1.2689	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score	43.5%	2.5%			Medicaid CMI		1.4273	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality incentive:	4.24	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options	:	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
			- a	b	ε .	d	e	f Grant	General Q	a	h	Insurance
CASE	MIX BASED RATE CALCULATIONS								. 9	9		<u> </u>
1 Cost	t Center Peer Groups	(see Policy Manual)		. 1	. 1				1			
	Type of Facility within Peer Group	(see Forcy Manual)	1	·	. I All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	i 1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bad Sizes	1		
Peer	r Group Standards & Efficiency Measure Limits		•		•	į (1		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	. !		
3 Pe	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	;		
4 E//	Ticiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts					:			:			
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	\$0	\$0	(\$1,573)			(\$256)	
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810		\$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 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	i	1,2689				;	:		7	
; 11 ` ∶ ∣	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$85.03		1						(:
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$85.03	\$0.00	\$19.87	\$17.45		\$22.78	\$5.28	\$6.29	\$0.01
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se 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	\$0.01
Oua	rterly Per Diem Rate Prior to Add-ons		•			i			V.		(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.51	\$13.14	\$0.00	62.20	¢2.04		£0.70			
	MA Allowed Per Diem (After Growth Allowance Add-on)	£л 14 + Ln 15	\$173.77	\$84.65	\$0.00	\$3.38 \$21.79	\$3.21	\$0.00	\$3.78		N/A	N/A
'	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$ 175.77		\$0.00	\$21.79	\$20.66	\$0,00	\$24.34	\$5.28	\$17.04	\$0.01
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4511 \$122.84					!			
	parterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$211.96	\$122.84	\$0.00	\$21.79	\$20.66	\$0.00	\$24.34	\$5.28	\$17.04	\$0.01
Quai	rterly Per Diem Add-on Amounts										4	
20 Eff	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	1
21 BII	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.07	\$3.07						:	\$3.00	1
22 Nu	rrse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69				1 ?		1		
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17,10	:		
24 To	ital 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 Quai	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236.23	\$129.60	\$0.00	\$21.79	\$21.07	\$0.00	\$41.44	· ·	\$17.04	\$0.01
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164,35			•		!		<u> </u>		<u></u>

Provider			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID:				wth Allowance:	N/A	18.37%			f Overall CMI:		1.3131	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q urs per On-Site Day/Q	trly BIMS score	58.3% 2.86	5.5% 3.0%	Orton Married		Medicaid CMI:		1.3981	1.5438
·	mos a visse riis bata per quarter enemy.	US/SUZO Muise Field	ars per on-site baying	conty incentive.	2.00	3.0%	Citily lyscald	CMI w RUG 1	regni Options:		1,4234	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS				:				! :			
1 Cost	t Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	. 1	. 1	1		:
	Type of Facility within Peer Group	` , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1 1		
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				i
Peer	Group Standards & Efficiency Measure Limits			-		1			}	1		1
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Em	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts		1			1		:				
5 As	Filed Cost Center Costs (Routine & Special Sives 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758		\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912					1	•			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		İ
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3131								
11 .	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33	I					1		:
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3.03	\$16.93	\$1.06
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14.88	\$3.03	13.59	\$1.06
Quar	rterly Per Diem Rate Prior to Add-ons					1					(FRV)	1
15 Gro	owth Allowance Percentage = 18.37%	En 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 CM	AA Allowed Per Diern (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	
17 0	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4234				:				
18 (Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.43				:	i	1		
19 Qu	arterly 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
Quar	rterly Per Diem Add-on Amounts							:	Í.	. :		i
	iciency 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	1
21 BIN	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.48	\$4.48			21.30	:			\$5.50	1
22 Nu	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44					1	1 :		
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	: :		i
24 Tot	tal 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 Quar	rterly 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	<u> </u>
26 Oues	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.29		***	. ·				l		!

Provider:	, .		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI		Facility Specific	State- wide
1100110	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		trly BIMS score	41.0% 6.92	2.5% 3.0%	Ortrly Moaid		Medicaid CMI	:	1.4871 1.5287 1.5542	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	t Center Peer Groups	(see Policy Manual)		1	. 4	2	1	. 1		1		
	Type of Facility within Peer Group	(see t oney manuar)		 All Facilities	All Facilities	_	Alt Facilities	·	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	and the second s	All Bod Sizes	.:		
Peer	Group Standards & Efficiency Measure Limits							i	:	1		
	er Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	1	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
Base	Period Per Diem Allowed Amounts		•									
5 As	Filed Cost Center Costs (Routine & Special Sives 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$77,970)	(\$74,174)	\$0	and the second second	\$840	\$1,832	, , , , , , , , , , , , , , , , , , , ,		(\$85,898)	\$87.765
7 Co:	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$416,947		\$1,633,440	• •	\$443,442	\$87,765
8 .	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096					!			¥1.75,1.12	401,100
; -	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168,20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65		\$8.05	\$1.59
10 · I	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4871	1							*
11 i i	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$58.73				:				
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	R\$ = Ln 11, AllOthr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8.60	\$8.05	\$1,59
13 Pe	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba:	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$138.93	\$58.73	\$0.00	\$15.95	\$17.03		\$20.56	\$8.60	16.47	\$1.59
Ouar	rterly Per Diem Rate Prior to Add-ons	•	•			1				!	(FRV)	
	owth Allowance Percentage = 18.37%	. Ln 14 x Grwth Allwng %	\$20.63	\$10,79	\$0.00	\$2.93	\$3.13	\$0.00	\$3.78	N/A	N/A	N/A
	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.56	\$69.52	\$0.00		\$20.16	\$0.00			\$16.47	\$1,59
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5542	. 40.00	415.00	420,10	ψ0.00		. 40.00	\$10.47	φ1.09
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	եռ 16 x Ln 17		\$108.05						:		
19 Qu	arterly Medicald CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$198.09	\$108.05	\$0.00	\$18.88	\$20.16	\$0.00	\$24.34	\$8.60	\$16.47	\$1,59
	stocky Day Diom. Add on America										4.2	400
	rterly Per Diem Add-on Amounts iciency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)			****		**					
	MS Add-on Per Diem ⇒ ((Sind - Alwa) x .75, ap to max, or 0) 48 Add-on Per Diem ⇒ 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	. \$0,00		\$0.00	
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	En 19 Col b x Stfng Add-on	\$2.70 \$3,24	\$2.70 \$3.24	i							
	rsing Home Provider Fee	(Fixed Amount)	\$17.10							: i		
	tal 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 \$17,10		\$0.00	en en
	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.29	\$114.52	\$0.00			-				\$0.00
		LII IST ER 24	\$22.23	\$114.52	\$0.00	\$19.10	\$20.57	\$0.00	\$41.44	\$8,60	\$16.47	\$1.59
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.89									
		·										

Growth Allowance: Otrly BIMS score Day/Quality Incentive: Routine Services b	N/A 23.7% 2.90 Special	18.37% 1.0% 2.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Woht Options:		1.4490 1.6613	1.3617
Services	Special	·	•				1.6941	1.5438 1.5713
ь	Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and
	C	d	e	f	q	0	h	Insurance
				:	9	9 :		
					i ·	1		
All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities	. :	I I	
All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
90.0%	90.0%	90.0%	85.0%		50.0%		1	
100.0%	100.0%	100.0%	100.0%	. '	105.0%		1	
. \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		1						
25.00: \$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$
2,248) (\$268,459)	so	(\$64,251)	\$2,204	(\$14,104)			\$46,284	\$30,38
0,077 \$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,38
5,991								
:		* · · · · · · · · · · · · · · · · · · ·			1	33,094		
33.64 \$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.69
1.4490		;	-					-
\$45.09			-			1	*	
\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.6
\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
99.30 \$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93	\$0.6
		i '	:			:	(FRV)	
1634 5929	50.00	\$2.42	£0.46	60.00	60.40	. NICA		
•				1				N/A
	50.00	\$15.01	\$15.70	30.00	, 420.50	\$0.74	30.93	\$0.6
		: "						
	\$0.00	\$15.61	\$15.76	\$0.00	\$20.58	\$0,74	\$8.93	\$0.6
								23.00
\$1.53 \$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.27		ຍ ກ ຄວ	
	90.00	\$0,22	φU.41		. Ju.37	f	\$0.00	
1	! !		!		. \$17.10			
								\$0.00
	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	
	\$0.00 \$0.00	\$0.22 \$15.83	\$0.41 \$16.17	\$0.00 \$0.00	\$17,47 \$38.05	\$0.00 \$0.74	\$0.00 \$8.93	\$0.65
	\$45.09 \$45.09 \$71.51 \$99.30 \$45.09 \$16.34 \$8.28 \$15.64 \$53.37 \$1.6941 \$90.41 \$2.68 \$90.41 \$1.53 \$0.53 \$0.90 \$0.90 \$1.81 \$1.81	\$45.09 \$45.09 \$71.51 \$0.00 \$99.30 \$45.09 \$0.00 \$16.34 \$8.28 \$0.00 \$15.64 \$53.37 \$0.00 \$1.6941 \$90.41 \$90.41 \$0.00 \$1.53 \$0.53 \$0.90 \$0.90 \$0.90 \$1.81 \$1.81	\$45.09 \$45.09 \$71.51 \$99.30 \$45.09 \$0.00 \$13.19 \$16.34 \$8.28 \$15.64 \$53.37 \$0.00 \$15.61 \$90.41 \$90.41 \$268 \$90.41 \$0.00 \$15.61 \$1.53 \$0.53 \$0.00 \$0.00 \$15.61	\$45.09 \$45.09 \$45.09 \$0.00 \$13.19 \$71.51 \$0.00 \$18.41 \$23.09 \$0.00 \$13.19 \$13.31 \$16.34 \$8.28 \$0.00 \$13.19 \$13.31 \$15.64 \$53.37 \$0.00 \$15.61 \$15.76 \$1.6941 \$90.41 \$90.41 \$20.00 \$15.61 \$15.76 \$15.76 \$15.76 \$15.76 \$15.76	\$45.09 \$45.09 \$71.51 \$0.00 \$18.41 \$23.09 \$99.30 \$45.09 \$0.00 \$13.19 \$13.31 \$13.31 \$13.31 \$16.34 \$8.28 \$0.00 \$2.42 \$2.45 \$0.00 \$15.64 \$53.37 \$0.00 \$15.61 \$15.76 \$0.00 \$1.6941 \$90.41 \$90.41 \$2.68 \$90.41 \$0.00 \$15.61 \$15.76 \$0.00	\$45.09 \$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$99.30 \$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$19.30 \$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$16.34 \$8.28 \$0.00 \$2.42 \$2.45 \$0.00 \$3.19 \$15.64 \$53.37 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$1.6941 \$90.41 \$90.41 \$52.68 \$90.41 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.90 \$0.90 \$1.81 \$1.81	\$45.09 \$45.09 \$45.09 \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 \$13.31 \$17.39 \$0.74 \$99.30 \$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$0.74 \$16.34 \$8.28 \$0.00 \$13.19 \$13.31 \$17.39 \$0.74 \$16.34 \$53.37 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$0.74 \$15.68 \$90.41 \$90.41 \$90.41 \$15.68 \$90.41 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$0.74 \$15.63 \$0.00 \$20.58 \$0.74	\$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$0.74 \$23.02 \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 \$N/A \$99.30 \$45.09 \$0.00 \$13.19 \$13.31 \$17.39 \$0.74 \$8.93 \$0.90 \$16.34 \$8.28 \$0.00 \$2.42 \$2.45 \$0.00 \$3.19 \$N/A \$15.64 \$53.37 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$0.74 \$8.93 \$1.6941 \$90.41 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$0.74 \$8.93 \$1.53 \$0.53 \$0.00 \$15.61 \$15.76 \$0.00 \$20.58 \$0.74 \$8.93 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$1.81 \$1.81 \$1.81 \$1.81 \$1.81 \$1.81

	ovider: Lake City Nursing & Rehab Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID; 00141699A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score	N/A 43.5% 3.04	18.37% 2.5% 3.0%	Ortely Messid		i Overali CMI: Medicaid CMI: Maht Ontions:		1.6589 1.6065 1.6347	1.3617 1.5438 1.5713
Line	, Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
· #-		Calculations	· 			i i		& Maint	General	mobilance	Related	Insurance
ļ	:		а	<u> </u>	c	d	е	f	9	g	h	ı
<u>C</u>	ASE MIX BASED RATE CALCULATIONS					i				:		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	4	1		:		
	Type of Facility within Peer Group	(coor energy manually		All Facilities	All Facilities		All Facilities	. All Facilities	All Facilities	1		
	Bed Size Range within Poor Group			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	i	\$0.37			
	Base Period Per Diem Allowed Amounts								:	:		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0				(\$78,250)	\$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,167,583	\$6,121,811	-	\$1,186,842	\$517,678		\$1,261,090	' .	\$1,442,360	\$76,250 \$78,250
. 8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185	00,12.,011	•••	\$1,100,042	Ψ317,070	, \$102,513 ;	. 91,201,030	(\$142,307)	\$1,442,300	970,230
	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 Srvcs	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	40.00	V.1.02	Ψ.0.00	. 17557 2007	\$10.00	ψ3.03	317.11	
. 11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								! !
. 12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	40.50
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		8.80	\$0.96
:	Overdada Ber Bien Bete Britania A III.			•						: -	(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	645.55							1 1		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$16.65	\$8.35	\$0.00		\$2.76	\$0.00	\$2.85	N/A	N/A	N/A
17		per Current Qtr End	\$120.08	\$53.81	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
: 18		Ln 16 x Ln 17		<u>1.6347</u> \$87.96								
- 19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$154.23	\$87.96	\$0.00	\$17.31	\$17.79	\$0.00	\$18.38	\$3.03	\$8.80	\$0.96
			\$104.20	Ψ01.30	\$0.00	\$17,51	φ(7.79	30.00	\$10.30	\$3.03	\$6.00	20,90
	Quarterly Per Diem Add-on Amounts					1		,		: r		
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	1 1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20		1		!	I			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	En 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					<u> </u>	<u> </u>	·		·

Provider: Lake Crossing Heath Care Prvdr ID: 00403939A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		wth Allowance: trly BIMS score	49.1%	Add-on Percent 18.37% 5.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2839 1.5448 1.5746	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
		а	b	c	d	е	. f	. g	9	ħ	i
CASE MIX BASED RATE CALCULATIONS									·		
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37	3		
Base Period Per Diem Allowed Amounts								:	i		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617.00		\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts	(\$43,092)		\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,956
1 Oost Oction Oosts Filter Flath Flagsathering	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
	FY12 Audited C/R Days	33,667	i		. :						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL Ins Rpl Days En 7 / En 8 Col a						l <u></u>		33,694		
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qlrs of FY12	\$128.29	\$56.73	\$0.00	\$15.02	\$18.74	(with L&H)	\$13,14	\$4.04	\$19.64	\$0.98
11 Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 9/Ln 10	:	1.2839 \$44.19		1						
12 Net Per Diems after Case Mix Adjatmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9				045.00	640.74					
13 Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits	:	\$44.19	\$0.00	\$15.02	\$18.74		\$13,14	\$4.04	\$19.64	\$0.98
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.12	\$71.51 \$44.19	\$8.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 - Base I ellog gase Mix Volastea Vilonea Lei Digili	Eggan of the 12 of the 30	\$100.12	. 344,19	\$0.00	\$15.02	\$18.74		\$13,14	\$4.04	10.01 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons		:			1 .				1	(1,7,4)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.73	\$8,12	\$0.00		\$3,44	\$0.00	\$2.41	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$122.85	\$52.31	\$0.00	\$17.78	\$22.18	\$0.00	\$15.55	\$4.04	\$10.01	\$0.98
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	:	<u>1.5746</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	โก 16 x Ln 17		\$82,37	1			:		:		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = 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 ((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 Srvs)	Ln 19 Col b x CPS Add-an	\$4.53	\$4.53		1			:	: · · · · · · · · · · · · · · · · · · ·		
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	£n 19 Col b x Stfng Add-on	\$2.47	\$2.47		1				. '		
23 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	1								

Provid			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Case	Base Baries	:MI) Data I Overall CMI:		Facility Specific	State- wide
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	30.9% 3.78	2.5% 2.0%	Qrtrly Mcaid	Quarterly I	i Overail CMI; Medicaid CMI; Nght Options;		1.1323 1.1427 1.1601	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	AV//ATTIVATE AT A TOTAL AT A TOTA		, a	ь	C	d	е	f	, g	9 .	h	ī
CAS	E MIX BASED RATE CALCULATIONS					:						
1 Co	ost Center Peer Groups	. (see Policy Manual)		. 1	4		1					
	Type of Facility within Peer Group	. (3501 Olley Manualy		. 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 Bod Sizes				:
Pe	er Group Standards & Efficiency Measure Limits			:		1		l				(
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Ва	se Period Per Diem Allowed Amounts					1		:				
5	As Filed Cost Center Costs (Routine & Special Sives 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 AdjsImts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736		\$0	- 1	\$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								V	. 41,002
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 qlrs of FY12		1,1323		, , , , , , , , , , , , , , , , , , , ,	*				45.52	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42		:			:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68,42	\$0.00	\$31,18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13 F	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00		\$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	\$0.20
		:						! {	!		(FRV)	
1 1	Jarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %			****		•••					
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwan Allwing 76	\$24.70	\$12.57	\$0.00		\$3.61	\$0.00	\$3.17	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Aflowance Add-on)	per Current Qtr End	\$197.77	\$80.99	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4,40	\$34.00	\$0.20
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.1601					I			
1 1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.74	\$93.96 \$93.96	\$0.00	\$34.50	\$23.27	\$0.00	\$20.41	\$4,40	\$34.00	50.00
	•		. 2210,74	. 453.50	\$0.00	334.00	\$23.27	\$0.00	÷ \$20.41	\$4,40	\$34.00	\$0.20
. 1	parterly Per Diem Add-on Amounts				•				I	:		
	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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.35	\$2.35		1			!			
	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.88	\$1.88		, ;						
i	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$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 Qı	uarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$233.38	\$98.72	\$0.00	\$34.50	\$23.68	\$0.00	\$37.88	\$4.40	\$34.00	\$0.20
26 Qı	Parterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.21		h	· ·				<u>:</u>		

	ovider: Lee County Health Care ovdr ID: 00712665A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 31.6% 3.87	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3504 1.7278 1.7597	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	С	d	е	f	g	g	h	i
C	ASE 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											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3504								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(1714)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7597</u>								
18	Qrtrly Routine Srvcs 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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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									_

Provide Prydr II			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvar II	Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI		1.3485	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	trly BIMS score uality Incentive:	37.1% 2.54	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI Noht Options		1.4874 1.5132	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
			а	b	С	d	е	f	g	g	ħ	i
CASE	MIX BASED RATE CALCULATIONS		;					:				
1 Co	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1		1		
	Type of Facility within Peer Group	,,,		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				
Pee	er Group Standards & Efficiency Measure Limits		,			i i				1		
2 P	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			1
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts					1 :				1		
5 A	s Filed Cost Center Costs (Rouline & Special Srvcs 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	\$
6 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786		(\$168,969)	\$249,17
7 : C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0		\$580,951		\$1,215,592	• 1	\$1,273,525	\$249,17
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958		•-		4000,000			4200,000	41,270,020	Ψ2,40,11
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days				1				63,434		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31		\$20.23	\$3.9
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485		1			: 775.51		420.20	40.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18						1		! !
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	,	\$51.18	\$0.00	\$14.07	\$19.15	:	\$19.31	\$3.77	\$20.23	\$3.9
13 : P	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	
14 B	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56	\$3.9
Out	arterly Per Diem Rate Prior to Add-ons					. :					(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$19.05	\$9,40	\$0.00	\$2.58	\$3.52	\$0.00	\$3.55	1 1/4	****	
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.05	\$60.58	\$0.00		\$22.67	\$0.00	\$22.86		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ140.03	1.5132	φ0.00	310.03	\$22.01	. \$0,00	\$22.00	\$3.77	\$9.56	\$3.9
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.67						1		1
19 Q	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	\$3.9
	arterly Per Diem Add-on Amounts					,					Ψ3.50	ψ5.51
	ifficiency Add-on Per Diem ([Stnd - Alvd] x .75, up to max, or 0)	(see Policy Manual)	C4 50		60.00					1		
	SIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.29	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	*	\$0.00	
	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.75	\$2.29								
	lursing Home Provider Fee	(Fixed Amount)	\$2.75 \$17.10	\$2.75		1 .				1		
i	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10			,
	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.81	\$97.24					\$17.47	 	\$0.00	\$0.00
				\$91.24	\$0.00	\$16.87	\$23.08	\$0.00	\$40.33	\$3.77	\$9.56	\$3.96
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(£л 25 - Ln 23) * 0.75	\$133.28									

FINAL

Pr	ovider: Legacy Nursing Home vdr ID: 00415522A H/B ?: No Case Mix Per Diem Rate Effective Date:	01/01/21 09/30/20 Nurs		Oata and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 48.2% 4.39	Add-on Percent 18.37% 5.5% 4.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: 3 Wght Options:		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	С	d	е	f	g		h	i
CAS	E 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	1 7 1
	Allowed @ 95% of Std		\$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 Alowance)		\$191.86	\$80.41		\$20.70	\$25.97		\$23.12	\$ 3.49	\$37.45	\$0.72
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4657</u>							(FRV Rate)	
	Ortly 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										

Prvdr ID:	00370873A		Aug-on Data and	Percentages	Score	Percent	Cas	e Mix Index (C	CMI) Data		Specific .	wide
•				wth Allowance:		18.37%		Base Period	Overall CMI		1.4103	1.3617
	Case Mix Per Diem Rate Effective Dal			trly BIMS score		5.5%			Medicaid CMI:		1.5462	1.5438
	MDS & Nurse Hrs Data per Quarter Endin	g: 09/30/20 Nurse H	lours per On-Site Day/Q	uality Incentive:	4.06	3.0%	Ortrly Moaid	CMI w RUG 1	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
			а	ь	. c	d .	е	f	g	q	h	i
CASE MI	X BASED RATE CALCULATIONS						***	:				
_	enter Peer Groups	(see Policy Manual)	1	. 1	1	2		1				
	Type of Facility within Peer Group	(see Folicy Manual)		. I All Facilities	All Facilities		1 All Fecililies	: 1 : All Facilities	: 1 : All Facilities		İ	
	Bed Size Range within Peer Group		i .	All Bed Sizes		: All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Gr	roup Standards & Efficiency Measure Limits	:	r		į.	1						
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Efficie:	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)	<i>i</i>	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1	I	
Base Pe	eriod Per Diem Allowed Amounts			:				:	•			
5 As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$8,665,058.00	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6 Audit A	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	. \$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)	ıl :	(\$61,690)	\$69,424
7 Cost C	Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0		\$450,766		\$1,198,789		\$329,804	\$69,424
8 Tota	al Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727								*******	****
Tota	al Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days				1		:		43,590		
9 Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16.69	(with L&H)	\$21.90		\$6.03	\$1.27
10 Bas	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103							,	•
11 Rou	utine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67	i	1		•	:	1		
12 Net Pe	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ls 11, AllOthr = Ls 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13 Per Di	iem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	¥ .,,
14 Base f	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		10.33	\$1,27
Quarter	ly Per Diem Rate Prior to Add-ons		:			1			1		(FRV)	•
	h Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc %	\$21.96	\$12.06	\$0.00	\$3.05	\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.06	\$77.73	\$0.00		\$19.76	\$0.00		\$2.96	\$10.33	\$1.27
	arterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5731	. 40.00	\$13.07	J. 15.10	\$0.00	, 324.34	\$2.90	\$10.55	\$1.27
	rly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.28		1		•	!			
	erly 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
Quarter	ly Per Diem Add-on Amounts	•						:				
	ency 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	i	\$0.00	
	Add-on Per Diem = 5.5% (to Routine Srv		\$6.73			VO.EE	40.41	. 40.00	ψυ.υυ	1 '	φυ.υυ ,	
22 Nurse	Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.67	\$3.67					1		!	
	ng Home Provider Fee	(Fixed Amount)	\$17.10	. 40.01					\$17,10		:	
	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
· · · · · · · · · · · · · · · · · · ·	ly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.27	\$133.21	\$0.00		\$20.17	\$0.00			\$10.33	\$1,27
26 Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.13	· · · · · · · · · · · · · · · · · · ·		7.5.30	*···	+2.00		1	4.0.33	41.41

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data	-	Facility Specific	State- wide
Prvdr	ID: 00818914A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wih Allowance: trly BIMS score uality Incentive:	N/A 23.1% 4.06	18.37% 1.0% 3.0%	Qrtrly Mcaid		d Overall CMI Medicaid CMI Wght Options	•	1.5316 1.2630 1.2802	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	77744		. а	b	С	d ;	е	f	. g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS	•	· :		•			į	:			
1 . 6	ost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	. 1		1	•	
1	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
i	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i ·		
Pe	eer Group Standards & Efficiency Measure Limits	•										
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	•	50.0%	÷		
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1	,	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
В	ase Period Per Diem Allowed Amounts					1						
5 : .	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	. As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$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 Adjstmts	(\$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		\$370,532		\$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				•	:			4020,5 10	4.10,100
	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 Srvcs	Ln 7 / Ln 8 Col a	\$194.72	\$103.12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86		\$14.63	\$2.81
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.5316		1 1		: `			4700	42.01
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$67.33				1			:	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56		N/A	41.01
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		17.72	\$2.81
	wastauly Day Diam Data Drianta Add and	I						:			(FRV)	42.2 .
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.23	\$12.37		***	40.70					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15			\$0.00		\$3.70	\$0.00	\$3.78		N/A	N/A
17	•	per Current Qtr End	\$173.43	\$79.70	\$0.00	\$21.79	\$23.86	\$0.00	\$24.34	\$3.21	\$17.72	\$2.81
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.2802		1		:	!			
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOthr = Ln 16	\$195.76	\$102.03 \$102.03	\$0.00	\$21.79	\$23,86	: \$0.00	\$24,34	60.04	£47.70	CD 04
	•		4155.10	\$102.03	Φ0.00	\$21.79	\$23.00	. 20.00	\$24,34	\$3.21	\$17.72	\$2.81
	uarterly Per Diem Add-on Amounts				•	, ,		:		:		
	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	
3	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		\$1.02	\$1.02		i r		:		:		
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$3.06	\$3.06				1				
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	and the second second		
	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 Qı	uarterly 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 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$150,59			· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •				

	ovider: Life Care Center, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00140665A	(Authoration		wth Allowance:	N/A	18.37%			d Overall CMI		1.3801	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hours pe	Q er On-Site Day/Q	trly BIMS score	26.6% 3.07	1.0%	Outdo Manid	Quarterly I CMI w RUG I	Medicaid CMI		1.3745	1.5438
	mbo a Huise His bala per quarter Ending.	03/30/20 Pulse Flours pe	or or one bay/Q	daily incentive.	3.07	3.076	Citity Mcaid	CIVII W NUG 1	wgni Options		1.3978	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
	Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	•			7 11 200 01200	7 til Dod Oizeo	7 III Ded Oiles	7 111 200 01203	7th Ded Oizes	All Ded Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.00/			
3	Peer Group Standards: Nultiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(ooo i oloj maiola)		ψ0.00	ψ0.00	ΨΟ.ΣΣ	φυ.+1		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt		\$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 Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)	1	(\$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 As Filed Days = 38,520	FY12 Audited C/R Days	38,520									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869	FY 18 GL-PL Ins Rpt Days								40,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3801								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.71
	Ouestadu Bar Diana Bata Baianta Add ann										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	61440	00.40	60.00	60.44	***	***			****	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwhc %	\$14.13	\$6.40	\$0.00	\$2.11	\$2.88	\$0.00	\$2.74		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$106.83	\$41.26	\$0.00	\$13.60	\$18.57	\$0.00	\$17.63	\$0.85	\$13.21	\$1.71
		E 200 100 100 100		1.3978								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	6400 7	\$57.67	***						120 mart 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20000000
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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.58	\$0.58				- 85				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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					-				

\$147.00

\$97.43

(Ln 27 - Ln 23) * 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: Lillian G. Carter Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142524A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trly BIMS score	N/A 52.1%	18.37% 5.5%			d Overall CMI		1.3539	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.40	3.0%	Ortrly Moaid	CMI w RUG	Medicaid CMI: Wght Options:		1.6288 1.6599	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
i		а	Ь	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	:				i			:		***************************************	
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%	1	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	1		
Base Period Per Diem Allowed Amounts					•		i		. 1		
5 As Filed Cost Center Costs (Routine & Special Sives 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	\$(
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$0	50	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,75
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0		\$289.968	\$320,244		\$95,759	\$374,599	\$27,75
8 Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425							1	457.4,000	QZ1,13
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 Adjstmt to Routine Srvcs	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	\$0.8
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3539			*	: '			410.00	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17		1		i i		1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49,17	\$0.00	\$12.96	\$17.73	!	\$15.80	\$2.83	\$10.88	\$0.8
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56		N/A	,
14 Base Period Case Mix Adjusted Allowed Per Diem	Lessor of Ln 12 or Ln 13	\$107.85	\$49,17	\$0.00	\$12.96	\$17.73	i	\$15.80		8.55	\$0.8
Constant Banks Branch A. A. I.				i	1 .		1			(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				11				1		
	Ln 14 x Grwin Allwing %	\$17.57	\$9.03	\$0.00		\$3.26				N/A	N/A
	per Current Otr End	\$125.42	\$58.20	\$0.00	\$15.34	\$20.99	\$0.00	\$18.70	\$2.83	\$8.55	\$0.8
	En 16 x Ln 17		1.6599	:				•	1		
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.83	\$96.61 \$96.61	\$0.00	\$15.34	\$20.99	\$0.00	\$18,70	\$2.83	\$8.55	\$0.8
Quarterly Per Diem Add-on Amounts				+5.00		Ψ			92.03	40.00	. 40.0
20 Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	: \$0.00			60.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.31	\$5,31	φυ.UU	30.22	\$U.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvss)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2,90	1	1		!		1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	Ψ£,90		: :			\$17.10	1		
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		\$0.00	80.00	
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.67	\$105.35	\$0.00		\$21,40		\$36.17	\$2.83	\$0.00 \$8.55	\$0.00 \$0.8
26 - Quadrativ Box Diam Bate for Bod Held and Laws Davis				+		7270		200.11	72.00	60.00	. 90.0
, 26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$130.18									

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdi				wth Allowance:	N/A	18.37%			d Overall CMI:		1.7031	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	37.2% 2.94	2.5% 3.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1.7280 1.7606	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	ь	c	d	e	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS					:		:				
1 0	Cost Center Peer Groups	(see Policy Manual)			1	2	1	: 1	: 1			
	Type of Facility within Peer Group	togg t andy manager		All Facilities	All Facilities	. –	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes		1		
P	Peer Group Standards & Efficiency Measure Limits								:	1		
2 .	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	I	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	. !		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
В	lase Period Per Diem Allowed Amounts									i		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)	1	\$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			\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576	:			, ,	!		100,000	4000,001	, Q11,00L
!	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 Adjstmt to Routine Srvcs	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		. :		1		1	•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56					-			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.64
: 0	Quarterly Per Diem Rate Prior to Add-ons					:		1		-	(FRV)	
	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		\$1.30	\$8.75	\$0.64
17 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.7606				:			400	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x i.n 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
٥	Quarterly Per Diem Add-on Amounts									1		
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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.06	\$2.06	45.00	40.11	\$3. 41			1	Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47					•			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			İ
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 Q	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.66	\$87.51	\$0.00	\$17.83	\$19.96	\$0.00		\$1.30	\$8.75	\$0.64
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118,17			<u> </u>						42.41
20 W	contains to brown hate for bed hold allo Leave bays	(LH 25 - EH 25) U.75	\$118.17									

	rovider: Lynn Haven Health & Rehab vdr ID: 00083036A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 53.2% 3.21	Add-on <u>Percent</u> 18.37% 5.5% 3.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3693 1.5891 1.6189	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	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3693								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		<u>1.6189</u>								
18	Qrtrly Routine Srvcs 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.82	\$6.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.72	\$3.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

Provider: Madison HIth & Rehab Provdr ID: 00083278A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			wth Allowance: trly BIMS score uality Incentive:	N/A 53,9% 3.70	18.37% 5.5% 3.0%	Ortrly Moaid		l Overall CMI: Medicaid CMI: Wght Options:		1.3682 1.3855 1.4131	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
1		а	b	С	d	е	f	9	g	h	1
CASE MIX BASED RATE CALCULATIONS		:									
1 Cost Center Peer Groups	(see Policy Manual)	1		. 1	2	1	í I a				
Type of Facility within Peer Group Bed Size Range within Peer Group	·		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			•
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)	· · · · · · · · · · · · · · · · · · ·	90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%	1	50.0% 105.0%	· · · · · · · · · · · · · · · · · · ·		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	·				:			:			
As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL I	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$0	\$456,420	\$312,704		\$421,894	\$87,484	\$46,910	
Audit Adjustments and Realiocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjs/mts FY12 Audited C/R	(\$88,940)			\$0	(\$5,071)	, , , , ,		1	(\$42,623)	
8 Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	\$3,347,381 24,271	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,0
Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 24,271	FY 18 GL-PL Ins Rot Days	24,271		i	· .				1		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137,78	\$72.78	50.00	640.04	\$22.20			25,267		_
10 Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	. 3137.70	1.3682	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$53,20		1			1	I		
12 Net Per Diems after Case Mix Adistmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$53,20	\$0.00	\$18.81	\$26.62		\$14.32	62.46	CO 40	
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56	\$3.46 \$0.00	\$0.18	\$
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123,85	\$53.20	\$0.00	the state of the s	\$23.09		\$14.32		N/A 9.76	: : \$1
		,			0.0511	020.03		. 414.02	95.40	9.70 (FRV)	اد
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%										, ,	
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	tn 14 x Grwth Allwnc % tn 14 + tn 15	\$20.02	\$9.77	\$0.00		\$4.24	\$0.00	\$2.63	N/A	N/A	
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$143.87	\$62.97	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	\$1
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	1.4131 \$88.98		1						!
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$169.88	\$88.98	\$0.00	\$21.79	\$27.33	\$0.00	\$16.95	\$3.46	\$9.76	: \$1
Quarterly Per Diem Add-on Amounts	i					12.100				ψ3.10	. 31
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diern = 5.5% (to Routine Srvs)		\$4.89	\$4.89		40.00	40.00	. 90.00	. 40.37	1	Φ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$(
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
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.76									d

	ovider: Magnolia Manor Columbus East		Add-on Data and	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	<u>.</u>	Facility Specific 1.5222	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	18.9% 4.20	0.0% 4.0%	Ortrly Mcaid		Medicaid CMI	:	1.7542 1.7886	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
	OF MIX DAOED DATE OALOUI ATIONO		a	b	С	d	е	f	g	g	h	i
CA	SE 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
15	Quarterly Per Diem Rate Prior to Add-ons 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	\$20.43 \$145.29	\$62.69	\$0.00	\$20.96	\$23.80	\$0.00	\$24.34	\$3.34	\$9.72	\$0.44
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	φ143.29	1.7886	φ0.00	φ20.90	φ23.00	φυ.υυ	φ24.54	φυ.υ4	φ5.72	φυ.44
18	Qrtrly Routine Srvcs 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 = <u>0.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.49	\$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									

F	Provider: Magnolia Manor Columbus West		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
	Prvdr ID: 00083124A			owth Allowance:	N/A	18.37%			d Overall CMI:		1.3234	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	49.5%	5.5%		Quarterly I	Medicaid CMI:		1.5908	1.5438
	MDS & Nurse Hrs Data per Quarter Ending	09/30/20 Nurse H	lours per On-Site Day/Q	uality Incentive:	3.68	4.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1.6218	1.5713
				Routine	Chaoial		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Lin	Description	Sources /	Totals	Services	Special Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
#		Calculations						& Maint	General		Related	Insurance
			a	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE 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 Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	pt \$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 Adjstmts	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3234								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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	<u> </u>	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		per Current Qtr End	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.6218			*			, , , ,		*
18	, , ,	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		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$5.53	\$5.53	ψ0.00	ψ0.22	Ψ0.41	ψυ.υυ	ψ0.57		ψ0.00	
22	·	Ln 19 Col b x Stfng Add-on	\$4.03	\$4.03								
23		(Fixed Amount)	\$17.10	ψ4.55					\$17.10			
24	7	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		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					1	1	<u>l</u>	<u> </u>	

	rovider: Magnolia Manor Marion County rvdr ID: 00141809A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 28.9% 4.17	Add-on <u>Percent</u> 18.37% 1.0% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2265 1.5887 1.6206	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
							•					
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$2,647)	\$1,337,104	\$0	\$310,440	\$194,001	(\$174)	(\$51,087)	\$34,090	\$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	FY12 Audited C/R Days	21,445									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2265								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(1714)	
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		<u>1.6206</u>								
18	Qrtrly Routine Srvcs 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 = 1.0% (to Routine Srvs)	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 Srvcs)	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									

Provider: Magnolia Manor St. Simons		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00141402A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		wth Allowance: trly BIMS score uality Incentive:	52.1%	18.37% 5.5% 3.0%	Ortrly Meaid	Quarterly I	d Overall CMI Medicaid CMI Wght Options		1.2961 1.6859 1.7197	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
***************************************		3	b	С	đ	e	f	9	g	h	ì
CASE MIX BASED RATE CALCULATIONS	-	1			1		:				
1 Cost Center Peer Groups	(see Policy Manual)		1	1	. 2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities		All Facilities	: All Facilities	All Facilities		;	
Bed Size Range within Peer Group		1	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	:		
Peer Group Standards & Efficiency Measure Limits					:						
2 Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%	:	50.0%		;	
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	3	105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts								:			
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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			\$96,061	\$639,477	\$147,316
8 Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531				40.0,		. 4000,007	030,007	\$000,477	W147,510
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days				1				36,015		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	:		4.5.55		410.00		\$15.70	Ψ0.00
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$59.25						i		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	Ψ3.00
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
Overstands Day Others Date But and Add and				İ	1					(FRV)	00.00
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %										
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwiic %	\$20.37	\$10.88	\$0.00		\$2.94	\$0.00	\$3.64	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$146.80	\$70.13	\$0.00	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7197</u>				!		! ;		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.27	\$120.60 \$120.60	\$0.00	640.75	240.00	60.00		i:		
•		Φ197.27	. ⊅1∠U.0U	\$U.UU	\$18.75	\$18.93	\$0.00	\$23.47	\$2.67	\$9.22	\$3.63
Quarterly Per Diem Add-on Amounts				: i	:		! !			ſ	
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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62	1	:						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	-		1 .			\$17.10	1		
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		÷	1			***		i	

Provider			Add-on Data and Gro	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	_ Cas	e Mix Index (C	CMI) Data		Facility Specific 1.3316	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		trly BIMS score	45.2% 4.38	5.5% 3.0%	Ortrly Moaid		Medicaid CMI		1.6965 1.7302	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
<u>:</u>			<u>a</u>	b	С	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS					i		 				
1 Cost	t Center Peer Groups	(see Policy Manual)		1	;	2	1	1	4			
	Type of Facility within Peer Group	(,	· .	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
:	Bed Size Rango within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	: 1		
Peer	Group Standards & Efficiency Measure Limits		:		I	1				1		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 En	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0 .53	\$0.00	\$0.22	\$0.41	:	\$0.37	i :	,	
Base	e Period Per Diem Allowed Amounts							! !				
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)			(\$105,784)	\$37,113
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0		\$721.208		\$1,029,255	1	\$146,474	\$37,113
8 -	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699				*		, +1,1220,200	***************************************	Ψ140,414	907,110
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days				1 :				63,134	ļ	
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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		1 1 1	•				Q2.10	Ψ0.00
11 [Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$55.38				:	!	1		
12 Nei	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$55.38	\$0.00	\$14.24	\$18,42		\$14.77	\$3.00	\$2.10	\$0.53
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09	Ž	\$20.56	\$0.00	N/A	Ψ0.00
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.09	\$55.38	\$0.00	\$14,24	\$18.42	ſ	\$14,77	\$3.00	18.75	\$0.53
Ouar	rterly Per Diem Rate Prior to Add-ons		· .			į i				1	(FRV)	45,00
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %		240.47								
	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$18.88	\$10,17	\$0.00	\$2.62	\$3,38	\$0.00	\$2.71	N/A	N/A	N/A
, ,	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$143.97	\$65.55	\$0.00	\$16.86	\$21.80	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	;	<u>1.7302</u> \$113.41		1				1		
	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.83	\$113.41	\$0.00	\$16.86	\$21.80	\$0.00	¢17.40	\$2.00	610.75	**
:		,	Ψ131,03	ψ11J, 4 1	\$0.00	\$10.00	⊅∠1.60	\$0.00	\$17.48	\$3.00	\$18.75	\$0.53
	rterly Per Diem Add-on Amounts					:		: 				
	iciency 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	1	\$0.00	
	MS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$6.24	\$6.24								
	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.40	\$3.40								
	3	(Fixed Amount)	\$0.00			1			\$0.00	l .		
	tal 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 Quar	rterly 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 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152,25		***************************************	·				<u></u>		

Provide	m. Manor Care Rehab Ctr of Marietta		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cae	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr II	D: 00236211A			wth Allowance:	N/A	18.37%			Overall CMI:		1.6382	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	14.3%	0.0%			Medicaid CMI:		1,1419	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uatity Incentive:	5.20	2.0%	Ortrly Moaid	CMI w RUĞ V	Wght Options:		1.1591	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	C	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	st 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	,		1
Pee	er Group Standards & Efficiency Measure Limits					1						
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts	:						:				
5 A	s Filed Cost Center Costs (Rouling & Special Srvcs 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 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)			\$138,912	\$63,101
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	1	\$297,088		\$1,163,658	\$614,329	\$799,410	\$63,10
8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191				*,		:	1011,020	0100,410	400,10
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days				1		:	}	39,639		
9 N	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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		1			:	;	*	1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61	1	\$28.95	\$15,50	\$19.89	\$1.57
13 P	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase 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	\$1.57
Qua	arterly Per Diem Rate Prior to Add-ons							:			(FRV)	
	rowth 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 [†] C	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.27	\$78.74	\$0.00	\$21.79	\$18.48		\$24.34	\$15.50	\$11.85	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	47-14-2	1.1591			4.0.40	40.00	. 424.54	\$13.30	911.03	: 91.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.27		1		:	:			
19 ; Q	uarterly 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
Qua	arterly Per Diem Add-on Amounts							:				
20 E	fficiency 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	1 4	\$0.00	
21 B	IMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		1			41.00	:	\$3.00	
22 N	urse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.83	\$1.83		1		· }	'			
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 To	ofal 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 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140,68			·		!	i	<u> </u>		

Provide Prvdr ID			Add-on Data and	Percentages with Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	(MI) Data		Facility * Specific	State- wide
7,741,12	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	24.0% 4.23	1.0% 1.0%	Ortrly Moaid		Medicaid CMI		1.6688 1.3655 1.3862	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
. i			а	ь	c	d	е	f	g	g	h	. 1
CASE	MIX BASED RATE CALCULATIONS		•	L				:				
-	st Center Peer Groups	for Orbital D			. 1	<u>.</u>			i	:		
, ,	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		2 Free Standina	1 All Facilities	1 All Facilities	· 1 · All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits	:				1		!	 .	:		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	. !		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	·	\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
Bas	e Period Per Diem Allowed Amounts									r !		
	s Filed Cost Center Costs (Routine & Special Srvcs 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	. s
- 1	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$296,438)	(\$3,847)	\$0		\$0	(\$6,945)			\$54,437	\$69,91
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0		\$382,254		\$1,319,882		\$708,089	\$69,91
	Total Nursing Facility Days As Filed Days = 45,284	FY12 Audited C/R Days	45,284	- 1,101,001	40	0011,023	ψ302,E3-1	1	. 41,513,002	. \$102,015	\$100,003	209,91
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days	12,221							41,247		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$184,29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3.94	\$15.64	\$1.5
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	,	1.6688	*****		•	(<u></u>		. 45.57	\$10.04	Ψ1.5
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15,64	\$1.5
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16.91		\$20.56	\$3,94	11.75	° \$1.5
	arterly Per Diem Rate Prior to Add-ons					1					(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	£04.40 .	£40.05	60.00	60.00		40.00				
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$21.12 \$153.27	\$10.85 \$69.89	\$0.00 \$0.00		\$3.11	\$0.00	\$3.78	1 1 1 1 1 1	N/A	. N//
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	\$155.27		\$0.00	321.79	\$20.02	\$0.00	\$24.34	\$3.94	\$11.75	\$1.5
	Orthy Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x Ln 17		1.3862 \$96.88		1		:		1		
	uarterly 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	¢4 5
:	•		¥100,20	400.00	40.00	WE 1.13	\$20.UZ	. 40.00	. ge4.34	\$3.84	\$11,75	\$1.5
	arterly Per Diem Add-on Amounts					4						
	fficiency 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	1	\$0.00	1
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
	urse Staff Hrs / Quality Add-on Per Diem : 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.97	\$0.97				ı				
	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
·······	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.98	\$2.47	\$0.00	-	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Qua	arterly 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	\$1.5
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.36					·				

Provide	······································		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
. PIVOIS	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: Itriv BIMS score	N/A 38.8%	18.37% 2.5%			Overall CMI:		1.2349	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q			2.5% 3.0%	Ortrly Meald	Quarterry ! ! CMI w RUG	Medicaid CMI: Woht Options:		1.6166 1.6456	1.5438 1.5713
Line	Description	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operators	Admin	A&G- GL-PL	Property and	Taxes
#	Description	Calculations		Services	Services		Houskpng	& Maint	General	Insurance ;	Related	Insurance
			а	ь	C	d	е	.i. f	g	9	ħ	ī
CASE	E MIX BASED RATE CALCULATIONS		•		:							
1 Co	ost Center Peer Groups	(see Policy Manual)	:	. 1		2	1			1		
	Type of Facility within Peer Group	(ooo t oney manual)	· •	All Facilities	All Facilities	Free Standing	All Facilities	. All Facilities	All Facilities			
	Bed Size Rango within Peer Group			All Bed Sizes	A CONTRACTOR OF THE PARTY OF TH	All Bed Sizes	All Bed Sizes	1	All Bed Sizes	i		}
Pe	er Group Standards & Efficiency Measure Limits			:	1	1		:				
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 · E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			!
Ва	se Period Per Diem Allowed Amounts							į		:		I
5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0		\$0		(\$116,865)		(\$38,939)	\$42,753
7 . 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0		\$238,505		\$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	:			4220,000			40.,000	Ψ1771Ψ	ψ-12,1 Oc
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days	•			1		1	1	25,703		
9 ! N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1	*******			40.10	ψ0.00	\$1.07
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$61.67		1				1		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19,12	\$20,76	:	\$22.18	\$3.15	\$6.95	\$1.67
13 F	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	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	\$1.67
	and the Book Bloom Body Base of the Salar						*	:	-		(FRV)	
' i	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %				1				1		
. !			\$22.30	\$11.33	\$0.00		\$3.81	\$0.00	\$3.78	N/A	N/A	N/A
17	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
' :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6456		1						!
18 19 C	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.13		1		l,				
19 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$209.73	\$120.13	\$0.00	\$21,79	\$24.57	\$0.00	\$24.34	\$3.15	\$14.08	\$1.67
Qu	parterly Per Diem Add-on Amounts			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			i			
20 E	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	1	\$0.00	'
21 E	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.00	\$3.00		1		1	1		-3100	,
22 N	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60		1		!				
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$17.10			
24 T	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 Qu	arterly Case Mix Based Per Diem Rate	Ln 19 + Lл 24	\$234.37	\$127.26	\$0.00	\$21.79	\$24.98	\$0.00	\$41.44	\$3.15	\$14.08	\$1.67
26 Qu	parterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$162.95			1		·				
40		(LITZO - LITZO) 0.70	\$ 102.95									

	Rae Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 0014	1853A	444,0004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.1896	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	u rs per On-Site Day/Q	trly BIMS score uality Incentive:	34.2% 3.84	2.5% 3.0%	Ortrly Meaid	Quarterly I CMI w RUG 1	Medicaid CMI: Webt Options:		1.5059 1.5350	1.5438 1.5713
									- gill Optiono			1.07 13
Line		Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
: # 1	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
			а	b	C	ď	е	f	g	9	h	i
CASE MIX BA	SED RATE CALCULATIONS	!										
1 Cost Center P	eer Groups	(see Policy Manual)		. 1	1	2	1	1				
	Facility within Peer Group	(edo / sita) ilianata,		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	1		
Peer Group St	tandards & Efficiency Measure Limits							:	i .	1		
	Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	į i		
	Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Me	easure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period P	er Diem Allowed Amounts	i				1						
5 As Filed Cost	t Center Costs (Routine & Special Srvcs 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 Adjustn	nents and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	\$0	\$0	\$0	(\$108,476)	n i	(\$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 Nurs	ing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488			i i			1			1
Total Nurs	ing Facility Days GL-PL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL Ins Rpt Days		-		1				40,423		1
9 Net Per Diem	s prior to Case Mix Adjstmt to Routine Srvcs	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 Perio	od Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1896						:		
11 Routine Sr	rvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50					1			
12 Net Per Diem	ns after Case Mix Adjistmt to Routine Srvcs	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 Sta	andards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	į
14 Base Period	Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90	\$0.71
Quarterly Per	Diem Rate Prior to Add-ons								į.		(FRV)	
	rance 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
and the second s	I Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.54	\$65.70	\$0.00		\$21.13	\$0.00		\$5.16	\$8,90	\$0.71
1	Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0104.04	1.5350	Ψ0.00	0.5.00	Ψ£1.13		\$10.01	93.10	φο.συ	30.71
•	tine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$100.85		1		:	:			
	dicaid 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			:								
	d-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		En 19 Col b x CPS Add-on	\$2.52	\$2.52		40.22	40.41	. 45.00	\$ 50.51		\$0.00	
	Irs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$3.03	\$3.03				:		1		
	e Provider Fee	(Fixed Amount)	\$17.10			* * * * * * * * * * * * * * * * * * * *		:	\$17,10			
	rly 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
	e Mix Based Per Diem Rate	Lrs 19 + Ln 24	\$193.87	\$106.93	\$0.00		\$21,54	\$0.00	\$31.08	\$5.16	\$8.90	\$0.00
	Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75				7.5.55	¥=1.04		. 401.00	44.14	40.30	
20 Guarterly Fer	within Nate for Dea Hold and Leave Days	(LR 20 * LR 20) U.70	\$132.58	:								

FINAL

Pi	rovider: Meadow Park H&R rvdr ID: 003167911A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 No	Add-on Dat	a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 25.0% 4.03	Add-on Percent 18.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.4407 1.4634	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
	SE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	E SY i Pro
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) 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 = 1.0% o Routine Srvs)	FY2018 GL-PL Ins. Rp FY2018 GL-PL Ins. Rp FY 2012 Peer Group Lim	\$164.21 \$23.31 \$190.26 \$227.52	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.4634 \$117.67 \$1.17.67	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$30.58 \$30.58 \$30.58 (FRV Rate) \$30.58	
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$3.53 \$17.10 \$21.81	\$3.53					17.10			
	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										

Provider: Meadowbrook Healthcare Prvdr ID: 00141864A Case Mix Per Diem Rate Effective Date:	1/1/2021		Percentages wth Allowance: trly BIMS score	Facility Score N/A 69.5%	Add-on Percent 18.37% 5.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.5049 1.9973	State- wide 1.3617 1.5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	ırs per On-Site Day/Qı	uality Incentive:	3.41	3.0%	Ortrly Mcaid	CMI w RUG \	Wght Options:		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	С	d	е	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	(See I only Mandal)		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 Srvcs 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 Adjstmts	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$2.10
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Ortrly Routine Srvcs 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
Overteely Per Pierr Add on America											
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	, ,	\$6.24	\$6.24	ψ0.00	Ψ0.22	ψ0.+1	ψ0.00	ψ0.51		ψ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ.τι					\$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
,	// = 05	·		73.30		Ţ 	73.30		7		V
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.04									

			Facility	Add-on		Facility	State-	1
Provider: Medical Management H & R		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	_wide_	
Prvdr ID: 00141941A		Growth Allowance:	N/A	18.37%	Base Period Overall CMI:	1.4091	1.3699	
Case Mix Per Diem Rate Effective Date:	01/01/21	Qtrly BIMS score	30.3%	2.5%	Quarterly Medicaid CMI:	1.4981	1.5438	ı
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20	Nurse Hours per On-Site Day/Quality Incentive:	2.63	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.5256	1.5713	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	SE 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					39						
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY13 Audited C/R Days	31,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	(10. 10. And 10. Sec. 10.	0.0000000000000000000000000000000000000	THE COLUMN TO SERVICE				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	3000000
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	\$1.69
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	1-11-0-4-11										
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5256								
18	Ortrly Routine Srvcs 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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.52	\$1.52	,			7	75.01		+3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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			\$7.60	\$1.69
	5					,	,	, , , , ,	, , , , , ,	70	Ţ.100	7 1100

\$147.00

\$97.43

(Ln 27 - Ln 23) * 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Memorial Manor Nursing Home odr ID: 00141919A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 36.2% 3.33	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.2378 1.2369 1.2559	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	ď	С	d	6	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS									!	· ·	
. 1	Cost Center Peer Groups Type of Facility within Peer Group Bad Size Ranga within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			:
				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37		:	
	Base Period Per Diem Allowed Amounts		:	,						: !		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	50	\$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					i	:		:	
!	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days		:		: .			1	35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2378					:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50		: ;		1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,50	\$0.00	\$34.40	\$20.41	ŧ.	\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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 Quarterly Per Diem Rate Prior to Add-ons	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
: 15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwac %	\$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	:	\$19.26		\$8,47	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2559	40.00	504.00	Ψ24.10	, 40.00	ψ (3.20	. 60.20	\$0.47	30.41
18	Ortrly Routine Srvcs 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					;		:	i	. :		
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	1	20.00	,
21	BIMS Add-on Per Diem = 2.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25	φυ.υυ	φυ.00	⊋ 0.41	. 40.00	- QU.37	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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		1	\$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			\$8.47	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.76			·		4		i i	!	لـــــــــــــــــــــــــــــــــــــ

FINAL

Provider: MeSun Health and Rehabilitation Prvdr ID: 003245344A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	02/01/21 09/30/20 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 0,0% 0.00	Add-on Percent 18.37% 0.0% 0.0%	Ortriy M	Quarte	x (CMI) Data riod Overall CMI: rly Medicald CMI: IG Wght Options:		Facility Specific Use Stwd 1,5713 1,5438	State- wide 1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Hange within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% 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	\$149.67 \$22.08 \$174.78 \$216.21 \$0.00 \$0.00 \$17.10	7 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$11.82 \$76.18 1.5438 \$117.61 \$117.61 \$0.00 \$0.00	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$3.04 \$19.61	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$3.82 \$24.60	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$3.40 \$21.90		\$29,46 \$29.46 29.46 (FRV Rate) \$29.46	\$0.00 \$0.00 \$0.00
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.16	\$233.31	\$117.61		\$19.61	\$24.60		\$39.00	\$3.03	\$ 29 .4 6	\$0.00

FINAL

Pr	ovider: Miller Nursing Home ydr ID: 00141996A H/B ?: Yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		Oata and Percentages Growth Allowance: BIMS: te Day/Quality Incentive:	Facility Score N/A 57.6% 5.40	Add-on Percent 18.37% 5.5% 4.0%		Quarterl caid CMI w RU0	iod Overall CMI: y Medicaid CMI: G Wght Options:		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
			а	b	С	d	е	f	g		h	İ
	E MIX BASED RATE CALCULATIONS		1	1								
	Cost Center Peer Groups per Selected Options			1	1 1	2	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											
	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		
1 1	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	
	Allowed @ 95% of Std		\$158.82	\$67.93		\$27.69	\$21.94		\$19.53		\$21.44	\$0.29
	Growth Allowance 18.4%		\$25.18	\$12.48		\$5.09			\$3.59			
	CMA Allowed Per Diem (After Growth Alowance)		\$186.73	\$80.41		\$32.78	\$25.97		\$23.12	\$ 2.73	\$21.44	\$0.29
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>2.2222</u>							(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										

	Provider: Miona Geriatric & Dementia Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
, P	Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI		1.1439	1.3617
l I	MDS & Nurse Hrs Data per Quarter Ending:		ນ s per On∗Site Day/Q	trly BIMS score uality Incentive:	68.0% 3.28	5.5% 3.0%	Ortrly Moaid		Medicaid CMI Wght Options		1,7571 1,7902	1.5438 1.5713
						7			· ·			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	e	f	g	9	h	i
<u>c</u>	CASE MIX BASED RATE CALCULATIONS	:				:			1	:		i
1	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1					
	Type of Facility within Peer Group	(occ r oney manual)		. Il Facilities	All Facilities	Free Standina	7 All Facilities	All Facilities	1 All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits	1						1		!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	!		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	!				:		1	ì			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0		\$208,689	\$234,765	\$450,076		(\$25,858)	\$26,915
8	Total Nursing Facility Days As Filed Days = 30,869	FY12 Audited C/R Days	30,869	,,		. 000,000	W200,003	\$254,705	\$450,070	\$49,041	\$157,161	\$26,915
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days	*******			:		1	1	30,012		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 qlrs of FY12	***	1.1439	*******		Ψ14.37	Trans Conty	914.50	\$1.03	\$0.09	\$0.07
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44		: 1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	İ	\$20.56	\$0.00	N/A	. 40.07
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	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons	:				1		:		4	(FRV)	
15		Ln 14 x Grwth Allwne %	\$16.68	#0.74	***			:		1		
16		in 14 + Lp 15		\$8.71	\$0.00	\$2.65	\$2.64	\$0.00	\$2.68	N/A	N/A	N/A
17		per Current Qtr End	\$119.88	\$56.15	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
18		Ln 16 x Ln 17		1.7902 \$100.52		! !						
19	, , , , , , , , , , , , , , , , , , , ,	RS = Ln 18, AllOlhr = Ln 16	\$164.25	\$100.52	\$0.00	\$17.07	£47.04		*****	1		
			3104.25	\$100.52	\$0.00	\$17.07	\$17.01	\$0.00	\$17.26	\$1.63	\$9.89	\$0.87
-	Quarterly Per Diem Add-on Amounts					:		4	1			
20	(Learn things to start as 3)	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5,53		:		! 	1			
22	<u>20070</u> (10100)	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			<u> </u>		l		<u> </u>		
		(20120 20120) 0.70	a 100.75									

Provider			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	(MI) Data		Facility Specific	State- wide
Prvdr ID:	: 00142018A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: ltrly BIMS score luality Incentive:	N/A 35.5% 4.59	18.37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3464 1.3748 1.3963	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
· · · · · · · · · · · · · · · · · · ·	***************************************		а	Ь	С	d	е	f	g	g	h	<u> </u>
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	t Center Peer Groups	(see Policy Manual)		. 1	. 1	1	1	1	1	:		
i	Type of Facility within Peer Group	, error they manady		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					
Peer	Group Standards & Efficiency Measure Limits		•						:			
2 Per	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	4		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4 Effi	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts											:
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579.00	\$1,279,966	50	\$501,680	\$271.847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
6 Aug	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,719)	\$0	. 02	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
7 Co:	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860		50	\$501,680	\$271.847	\$306,139	\$406,209	\$8,340	\$95,244	\$5,435
8	Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211							10,070	430 12.14	. 40,100
- : -	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days			1	1		:	:	17,233		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3464					:	:	\$5,00	
11 i i	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24		1 ;						
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29,15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13 : Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71,51	\$0.00	\$29,15	\$23.09		\$20.56		N/A	. 40.02
14 Bas	se 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		10.50	\$0.32
	dedo Des Diese Data Delevata Add					;					(FRV)	
	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$23.52									
	/A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.86	\$10.15 \$65.39	\$0.00 \$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Otr End	\$102.86		\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	\$0.32
	Ortriy Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	En 16 x Ln 17		1.3963 \$91.30		i '				:		
100	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$188.77	\$91,30	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$0.48	\$10.50	
i	,		\$100.77	ψ31,30	. 90.00	934.50	\$21,33	\$0.00	\$24.34	\$0.46	\$10.50	\$0.32
	rterly Per Diem Add-on Amounts			,				: !				•
	ficiency 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	
	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28	!					1		
	rrse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Strag Add-on	\$2.74	i		1						
	rsing Home Provider Fee	(Fixed Amount)	\$17,10					I	\$17.10			
	tal 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 Quar	rterly 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 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$145,74	!				·	***********	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

	rovider: Montezuma Health & Rehab vdr ID: 00142062A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 57.7% 3.59	Add-on <u>Percent</u> 18.37% 5.5% 2.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2929 1.5765 1.6027	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days								29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2929								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6027								
18	Qrtrly Routine Srvcs 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.48	\$6.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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									

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
. FIVOS R	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 32.4%	18.37% 2.5%			d Overall CMI:		1.4052	1.3617
:	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q			2.0%	Ortrly Mcaid		Medicaid CMI; Wght Options;		1.4632 1.4888	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
<u> </u>			а	b	C	d	е	f	g	g	h	ı
CASE	MIX BASED RATE CALCULATIONS							ļ	:			
1	st Center Peer Groups	for Defendance		. 1			_		İ			•
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	2 Free Stendina	1	1	1			
	Bod Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	: .		
Por	er Group Standards & Efficiency Measure Limits	:				To Dea Cizes	All Dod Olgog	All D00 3/263	All Ded Sizes			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:		ı i		
3 P	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	50.0% 105.0%	į		
4 : E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	İ		· ·
Bas	se Period Per Diem Allowed Amounts							!		. !		V.
5 . A	As Filed Cost Center Costs (Routine & Special Srvcs 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
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	. \$0	\$0	(\$2,160)	(\$2,360)		\$15,415		
	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	(\$18,695) \$259,408	
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179	. 42,700,000		0-00,000	ψ234,03B	φυ21,500	\$337,776	319,473	\$239,400	\$16,671
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days	00,773			:				33,081		1
9 N	let Per Diems prior to Case Mix Adistmt to Routine Srvcs	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	. 40.00	V12.54	Ψ11.04	. (410) 600 9	\$15.42	\$0.59	\$7.17	\$0.46
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12 N	let Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15,42	\$0.59	\$7.17	*** 44
	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$15.42	\$0.09 : \$0.00 :	• • •	\$0.46
	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	N/A 7.51	
	and and the Paris of the Paris					912.04	\$11.04		\$10.42	40.39	7.51 (FRV)	\$0.46
	arterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %				1					, ,	•
. 1 1	-		\$15.85	\$7.59	\$0.00		\$3.13	\$0.00		N/A	N/A	N/A
17	MA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15	\$110.73	\$48.91	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0,46
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Otr End £n 16 x Ln 17		1.4888	:	1		,				•
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	£404.04	\$72.82								
15 4	Realtery Medicald Civic Allowed Fel Dietil	NO - LIT TO, AROUNT - EN TO	\$134.64	\$72.82	\$0.00	\$14.84	\$20.17	\$0.00	\$18.25	\$0.59	\$7.51	\$0.46
	arterly Per Diem Add-on Amounts			-	:			! !	•			•
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53 ⁱ	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	IIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.82	\$1.82		: :		ļ				1
	furse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46		1						
23 N	lursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
24 To	otal 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 Qua	arterly Case Mix Based Per Dlem 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$104,59					 				1

-	rovider: Muscogee Manor & Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
. 1	rvdr ID: 00083223A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			Overall CMI		1.2862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	trly BIMS score uality Incentive:	43.0% 5.71	2.5% 3.0%	Ortrly Mcaid	CMI w RUG \	Medicald CMI: Wght Options:		1.5280 1.5552	1.5438 1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	ď	е	f	g	g	h	j
(ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		. 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			!
	Peer Group Standards & Efficiency Measure Limits			-								
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	: 1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	: :		
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
	Base Period Per Diem Allowed Amounts			:				:		1		:
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	5
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,92
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	•-	\$1,411,906	\$554,968	\$663,872			\$688,396	\$13,92
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099		•		•		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 4	4000,000	\$10,52
:	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 Srvcs	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	\$0.3
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2862		1	·	i i	1.5.55		4,0.01	00.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$100.34						1		
: 12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32,76	\$28.28		\$48.99	\$3.13	\$15.97	\$0.3
13	Per Diem Standards (After Stafewide CMA for Routine Stress)	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	1	\$20.56	\$3.13	18.76	\$0.3
:	Quarterly Per Diem Rate Prior to Add-ons	: !		-		1					(FRV)	
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)	in 14 + in 15	\$193.03	\$84.65	\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$3.13	\$18.76	\$0.3
: 17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5552						•		i
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.65		. 1						1
· 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	\$0.3
:	Quarterly Per Diem Add-on Amounts	:							I			
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		Ln 19 Col b x CPS Add-on	\$3.29	\$3.29			\$3,00	:	40.00	:	\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.95	\$3.95		;				: :		l
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	· • • • • • • • • • • • • • • • • • • •		1			\$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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$264.37	\$138.89	\$0.00		\$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			!			1			
			¥100.45									

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data	v	Facility Specific	State- wide
Prvdr IE	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	owth Allowance: Itrly BIMS score	23.5%	18.37% 1.0%			l Overall CMI: dedicaid CMI:		1.2652 1.6942	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	irs per On-Site Day/Q	uality Incentive:	3,13	3.0%	Ortrly Moaid	CMI w RUG V	Vght Options:	:	1.7274	1.5713
Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	<u>b</u>	C	d	е	f	g	g	h	j
CASE	MIX BASED RATE CALCULATIONS		ļ							:		
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1	1	1			I
,	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range wilhin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	er Group Standards & Efficiency Measure Limits					: ;						
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	!	105.0%			
	inciency weasare maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37			
	e Period Per Diem Allowed Amounts			-		1				i		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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
1	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980))}	(\$34,638)	\$29,584
	ost 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
1	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951	!		1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days			}	1				18,642		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2652	1	1				1		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92		1				,		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1,29
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Ba	ase 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	\$1.29
Qua	arterly Per Diem Rate Prior to Add-ons			i		:				:	(FRV)	
15 Gr	rowth 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 C	MA 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		1		I				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.81	İ			!		!		
19 Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$159.59	\$89.81	\$0.00	\$17.45	\$19.52	\$0.00	\$21.29	\$3.09	\$7.14	\$1.29
Qua	arterly Per Diem Add-on Amounts											•
	fficiency 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	
	IMS Add-on Per Diern = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90		40,22	40.41	. 40,00	. Ψυ.51		φ0.00	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2,69	\$2.69				ì				ı
23 Nu	ursing Home Provider Fee	{Fixed Amount}	\$17.10	1					\$17,10			
24 To	otal 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 Qua	orterly Case Mix Based Per Diem Rate	Ls 19 + Ln 24	\$181.81	\$93.93	\$0.00	\$17.67	\$19.93	\$0.00	\$38.76	\$3.09	\$7.14	\$1.29
26 Oua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.53	!	·	·		£		<u> </u>		

Provider: Prvdr ID:	· · · · · · · · · · · · · · · · · · ·	1/1/2021 09/30/20 Nurse Hor		wth Allowance: trly BIMS score	16.9%	Add-on Percent 18.37% 0.0% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2251 1.1706 1.1872	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
<u> 1</u>			а	ь	С	d	е	f	g	. g	h	i
CASE	MIX BASED RATE CALCULATIONS		:						:			
1 : Cost	Center Peer Groups	(see Policy Manual)	•	1	. 1	: 4	1		:			
	Type of Facility within Peer Group	(see Folicy Mandai)		. I All Facilities	All Facilities	Hosp Based	1 All Facilities	All Facilities	: 1 : All Facilities	:		
:	Bed Size Range within Peer Group		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Poor	Group Standards & Efficiency Measure Limits					:			:	· i		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	;		
4 Effi	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	1	:	
Base	Period Per Diem Allowed Amounts		•						:			
	Filed Cost Center Costs (Routine & Special Srvcs 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	. 64 400 007	600.740	£477.070	
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)		\$0	\$0,1084	•		\$1,120,927	\$62,740	\$477,379	\$0
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	; \$0 \$0	\$907,894	(\$10,806) \$503,956				(\$15,554)	\$5,530
i	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490	\$4,707,000	. 40	\$301,094	\$503,956	\$004,747	\$1,084,817	\$62,740	\$461,825	\$5,530
	Total Nursing Facility Days GtPL Ins. Rot As Filed Days = 41,758	FY 18 GL-PL Ins Rot Days	44,430		l .					44 700		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190,22	\$107.16	\$0.00	\$20,41	\$26,27	(with L&H)	\$24,38	41,758 \$1,50	240.00	An 10
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	ψ150.22	1.2251	. \$0.00 !	\$20.41	\$20.21	: (WILL COL)	\$24.38	\$1.50	\$10.38	\$0.12
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47				•			i	
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87,47	\$0.00	\$20.41	\$26.27		\$24,38	\$1.50	640.00	60.40
	Diern Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.50	\$10.38 N/A	\$0.12
	se 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	\$0.12
					. 40.00	920.71	ΨΕΟ.03		, \$20.56	31.50	(FRV)	30.12
	terly Per Diem Rate Prior to Add-ons								!	:	(
	owth 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
	A 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		<u>1.1872</u>		1		:				
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.50					i	1		
19 Qua	arterly 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
Quar	terly Per Diem Add-on Amounts		•			1						
20 Effi	ciency 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 BIN	AS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00					!	: :		
22 Nur	rse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routino Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01		:						
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			: 1		:	\$17.10			
24 Tot	al 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 Quar	terly 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 Ouar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.54						·			

Provide Prvdr IE			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIVOI IL	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 31.2%	18.37% 2.5%			d Overall CMI		1.2324	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		3.71	2.0%	Ortrly Mcaid	CMI w RUG \	Medicaid CMI Wght Options:		1.3460 1.3661	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS					1				:		
1 Cos	at Center Peer Groups	For Delian Manual		:								
. 1 003	Type of Facility within Peer Group	(see Policy Manual)		. 1 . All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	: 1 : All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes			All Bed Sizes		: All Pacilities : All Bed Sizes			
Pee	r Group Standards & Efficiency Measure Limits	:					7.11.200	THE DAM GIRCO	. THE DOG DIEGO	:		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	: : 50.0%			
	eer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Ef	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			•
Bas	e Period Per Diem Allowed Amounts	:		:		1						
	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,482,558.00	\$4,304,810	\$0	\$879,776	\$480,354	£452.002		* FO 707	2000 000	
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0 \$0	\$079,776		\$453,983	\$994,956	\$58,787	\$309,892	\$0
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0 \$0		\$478 \$480,832	\$8,078 \$462,061	(\$32,683) \$962,273	: '	(\$3,620)	\$3,925
	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343	. 34,002,402	90	3013,110	\$400,632	\$402,001	. \$902,273	\$58,787	\$306,272	\$3,925
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days	41,040	!				1		40.693		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$153.00	1,2324	Ψ0.00	\$21.20	φ22.01	(was corp	. \$23.20	\$1,44	\$7,41	\$0.09
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44		1			ſ	1		! i
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0.00	\$21.28	\$22.81	:	\$23.28	\$1,44	\$7.41	60 00
	er Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	\$7.41 N/A	\$0.09
14 Ba	ase 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	\$0.09
12			*		******	1	V 22.01		\$20.50	1 41.44	(FRV)	ຈຸບ.ນະ
	erterly Per Diem Rate Prior to Add-ons					1		:			()	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.02	\$13.14	\$0.00		\$4.19	\$0.00	\$3.78	N/A	N/A	N/A
	MA 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
1	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		<u>1.3661</u>		1 1				1		!
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16		\$115.64						1		
15 01	darterly Medicaid CMA Allowed Fet Dieth	NS - Eli 16, AllOlli - Eli 16	\$214.46	\$115.64	\$0.00	\$25,19	\$27.00	\$0.00	\$24.34	\$1.44	\$20.76	\$0.09
Qua	arterly Per Diem Add-on Amounts											!
20 Ef	ficiency Add-on Per Diem ([Stnd - 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 BI	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89		1		- Turber				
	urse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.31	\$2,31				•	!			
	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	otal 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 Qua	arterly 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 Qua	irterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.07						i	<u>-</u>		

Provider:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvui ig.	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: ltdy BIMS score luality Incentive:	N/A 28.6% 4.03	18.37% 1.0% 3.0%	Qririy Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.2207 1.5493 1.5779	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			<u> </u>	b	C	ď	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS					٠.						
1 Cost	Center Peer Groups	(see Policy Manual)		. 1	. 1	2						i
	Type of Facility within Peer Group	,,,	•	. All Facilities		Free Standino	1 All Facilities	1 All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	,	All Bed Sizes	: 1		
Peer	Group Standards & Efficiency Measure Limits			l		1				f :		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	I	105.0%	1		
4 Effic	ciency Measure Maximums (see lino 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Base	Period Per Diem Allowed Amounts		1			Ι,						1
5 As I	Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$7,868,327.00	\$4,203,284	: • \$0	\$810,018	\$553,544	\$354,117	6004.074			
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	\$0 ·			\$931,074	\$99,483	\$916,807	\$
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539		\$0 \$0	\$810,018	\$0 \$553,544	\$0 \$354,117	(\$33,554)		(\$46,486)	
8 T	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264	Q-1,132,000	- 30	\$610,016	4333,344	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
Т Т	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days				1		1		04 070		:
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.84	\$83.40	\$0.00	\$16.12	\$18.06	(with L&H)	647.00	31,359	*****	
10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2207	Ψ0.00	3,0.12	\$10.00	(With Con)	\$17.86	\$3.17	\$17.31	\$0.92
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32								
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	i :	\$68.32	\$0.00	\$16.12	\$18.06		647.00	CD 47	*****	
13 Рег	Diem Standards (After Statewide CMA for Rouline Stres)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09	:	\$17.86 \$20.56	\$3.17	\$17.31	\$0.92
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$0.00	N/A	:
A	tark Dav D'an Data Data at a				Ψ0.00	\$10.12	\$10,00		\$17.00	\$3,17	12.59 (FRV)	\$0.92
	terly Per Diem Rate Prior to Add-ons										(/ 114)	
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.11	\$12.55	\$0.00	\$2.96	\$3.32	\$0.00	\$3.28	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.15	\$80.87	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5779</u>				1				:
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem arterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$127.60					:	:		:
10 000	arteny Medicalo CMA Allowed Pel Dielli	RS = Ln 18, AllOthr = Ln 16	\$205.88	\$127.60	\$0.00	\$19.08	\$21.38	\$0.00	\$21.14	\$3.17	\$12.59	\$0.92
Quart	terly Per Diem Add-on Amounts		1									!
20 Effic	ciency 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	
	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Cof b x CPS Add-on	\$1.28	\$1.28			Ψ0.41	Ψ0.00	40.01		Φ4.00	
	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83		i						
	sing Home Provider Fee	(Fixed Amount)	\$17.10	!					\$17,10	I		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.62	\$133.24	\$0.00	\$19.30	\$21.79	\$0.00	\$38.61	\$3.17	\$12.59	\$0.00
26 Quart	terly Per Diem Rate for Bed Hold and Leave Davs	(Ln 25 - Ln 23) * 0.75	\$159.39				7	40.00	400.01	93.11	\$12.59	30.92

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		_	Facility Specific	State- wide
Prvar	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 29.3% 3.29	18.37% 1.0% 3.0%	Qrtrly Mcaid		d Overali CMI Medicaid CMI Wght Options	:	1.3032 1.4026 1.4276	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
			а	ь	С	d	е	f	<u>.</u> 9	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS				,	:			1			
1 · C	ost Center Peer Groups	(see Policy Manual)		1	1	2	i	1	;			l
1 1	Type of Facility within Peer Group	(303 Folloy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	: All Facilities	: 7 : All Facilities	1		:
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
P	eer Group Standards & Efficiency Measure Limits					1		:		1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			i.
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
В	ase Period Per Diem Allowed Amounts									1 4		
5	As Filed Cost Center Costs (Routine & Special Sives 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)	
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		\$787.174	\$36,19
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audited C/R Days	35,819	,		1			1		ψ.σ.,	450,100
	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 Srvcs	Ln 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15.21	\$16.04	(with L&H)	\$20.74		\$21.98	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qus of FY12		1.3032	•		*		:		VE 1.00	. 41.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.86		: 1				: i		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$8.00	\$18.41	\$23.09		\$20.56		N/A	. 41.0
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		9.27	\$1.01
	uarterly Per Diem Rate Prior to Add-ons					i					(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %								1		
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$21.07	\$11.55	\$0.00	\$2.79	\$2.95	\$0.00	\$3.78		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$150.62	\$74.41	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4276</u> \$106.23		:		İ				
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$182.44	\$106.23	\$0.00	\$18.00	\$18.99	\$0.00	\$24.34	****	***	
- 1	•		φισε	\$100.23	\$0.00	310.00	310.99	\$0.00	\$24.34	\$4.60	\$9.27	\$1.01
	warterly Per Diem Add-on Amounts					. :						,
	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	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								! !
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.19	\$3.19					ı			:
	Nursing Home Provider Fee Total Quarterly Per Pierr Add on Amounts	(Fixed Amount)	\$17.10					!	\$17.10			1
	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 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.95	\$111.0 1	\$0.00	\$18.22	\$19.40	\$0.00	\$41.44	\$4.60	\$9.27	\$1.01
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.89			· · · · · · · · · · · · · · · · · · ·			·····			

Provide Prvdr I	··· ····· · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
FIVUII	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 31.7% 2.73	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	:	1.4032 1.2806 1.3012	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
<u>.</u>			а	ь	С	d	е	f	. g	9	ħ	i
CASE	E MIX BASED RATE CALCULATIONS	:			:				:			
1 Co.	st Center Peer Groups	(see Policy Manual)		1	. 1	,	1			1		
) :	Typo of Facilly within Peer Group Bed Size Range within Peer Group	(**************************************		All Facilities All Bed Sizes	All Facilities	_	All Facilities All Bed Sizes	: All Facilities : All Bed Sizes	All Facilities All Bed Sizes			,
Per	er Group Standards & Efficiency Measure Limits			-	; 1							
	Peer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%	l E	50.0%			
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
7 : -	inclericy measure maximums see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	se Period Per Diem Allowed Amounts	:							:	1		
	As Filed Cost Center Costs (Routine & Special Srvcs 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
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)	\$2,726	(\$2,868
	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			•		:	1	1		
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 gtrs of FY12		<u>1.4032</u>						1		
11 12 N	Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02		1				1		1
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	1	\$7.74	(\$0.07
	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	0.07.0	\$71.51	\$0.00		\$23.09		\$20.56		N/A	1
.,, .	reservation case wax Aujusted Andwed Fer Dietri	Cosser of Cit 12 th Cit 13	\$127.85	\$56.02	\$0.00	\$16.47	\$18,39		\$20.56	\$4.57	11.91	(\$0.07
	arterly Per Diem Rate Prior to Add-ons					1			! !	:	(FRV)	
1	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
	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		<u>1.3012</u>						1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.28		1						
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168.30	\$86.28	\$0.00	\$19.50	\$21,77	\$0.00	\$24.34	\$4.57	\$11.91	(\$0.07
Qu	arterly Per Diem Add-on Amounts				· ·	: 1						
	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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16					. 40.00		Ψ0,00	:
22 N	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59		;						
	lursing Home Provider Fee	(Fixed Amount)	\$17.10		! !			! :	. \$17.10			
24 T	otal 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 Qu	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.66		I	,i,		·		<u>i</u>		

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr II	D: 00426214A Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: triv BIMS score	N/A	18.37%			Overall CMI:		1.4802	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		40.5% 3.36	2.5% 3.0%	Qrirly Moaid	CMI w RUG	Medicaid CMI: Wght Options;		1.8139 1.8485	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	g	g .	h	i
CASE	MIX BASED RATE CALCULATIONS	i				1			!			
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	1	2	1				!	I
	Type of Facility within Peer Group	(,,		All Facilities	All Facilities		All Facilities	. All Facilities	All Facilities	:	;	
	Bed Size Range within Peer Group	ļ		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	:		
Pee	er Group Standards & Efficiency Measure Limits					1			ł	i		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Bas	se Period Per Diem Allowed Amounts	!						:		:		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799		\$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	:		, 4000,000	\$100,100	. 0010,000	41,510,000	. 4400,010	\$1,505,000	\$115,774
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days				1				44,643	1	į
9 N	et Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	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	*****		\$10,10	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.54	. 40.50	\$20.00	<i>\$2.</i> 10
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04				1	!		;	;
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0.00	\$17.25	\$18.48	ì	\$29.94	\$8.98	\$28.68	\$2.16
13 Pc	er Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	φ2.10
14 Ba	ase 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	\$2.16
	antanta Dan Diana Data Data da Adda a a		•				4.5	1	V20.00	43.30	(FRV)	Ψ2.10
	arterly Per Diem Rate Prior to Add-ons rowth Allowance Percentage = 18.37%	i						1		: [` · ·	
, :	rowth Allowance Percentage = 18.37% MA Allowed Per Diem (After Growth Allowanco Add-on)	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
17	•	Ln 14 + Ln 15	\$157.22	\$67.52	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.8485		1						
	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem warterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	£04.4.E4	\$124.81	60.00	****	***					
	dately bledicald CIVIA Allowed Fel Dietti	103 - Eli 16, AllOlli - Eli 16	\$214.51	\$124.81	\$0.00	\$20.42	\$21.87	\$0.00	\$24.34	\$8.98	\$11.93	\$2.16
1 /	arterly Per Diem Add-on Amounts			1		. 1						•
: !	fficiency 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	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12		: :						
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74						:		
1	ursing Home Provider Fee	(Fixed Amount)	\$17.10	:				1	\$17.10			
24 To	otal 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 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.90	·····		1		:		!		

Provider: Northri	dge Hlth & Rehab Ctr		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
, 114di ib. 0003333	Case Mix Per Diem Rate Effective Date:	1/1/2021		triv BIMS score	N/A 32,1%	18.37% 2.5%			d Overail CMI: Medicaid CMI:		1.3456 1.5457	1.3617 1.5438
:	MDS & Nurse Hrs Data per Quarter Ending;		urs per On-Site Day/Q		3.90	3.0%	Ortrly Moaid	CMI w RUG			1.5707	1.5713
Line D	escription	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	9	g	h	į i
CASE MIX BASED	RATE CALCULATIONS		•			:			1	:		
1 Cost Center Peer t	Groups	(see Policy Manual)	:		. 1	2	1	1	1			· ·
!!!	ty within Peer Group	(see I Carry Manual)	•	· All Facilities		Free Standing	ı All Facilities		: All Facilities	: [
Bed Size Ran	ge within Peer Group		† •	All Bed Sizes		All Bed Sizes	All Bed Sizes		· All Bed Sizes			
Peer Group Stand	ards & Efficiency Measure Limits									:		
2 Peer Group Stand		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Stand		(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%	1	105.0%	:		
4 : Efficiency Measur	re Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			*
Base Period Per D	iem Allowed Amounts			i		1		i		1		*
5 As Filed Cost Cer	nter Costs (Rouline & Special Srvcs Combined)	As Fifed FY12 C/R -FY 2018 GL-PL Rpl	\$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	s and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$759,019)		\$0		\$1,456		(\$1,556,120	1	\$32,108	
7 Cost Center Cost	s After Audit Adjustments	FY12 Audited C/R	\$8,454,069		\$0		\$430,900	\$680,568		\$170,418	\$395,848	
8 Total Nursing F	Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193								******	
Total Nursing F	Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days	1	:		1				56,103		
9 Net Per Diems pri	ior to Case Mix Adjstmt to Routine Saves	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43		\$7.04	\$0.00
10 Base Period Fa	acility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456						,	*****	
11 Routine Srvcs	Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88						1		
12 Net Per Diems aft	ter Case Mix Adjstmt to Routine Srvcs	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 Standar	rds (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case	e 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	\$0.00
Ouarterly Per Dien	n Rate Prior to Add-ons			1				,			(FRV)	
15 Growth Allowance		Ln 14 x Grwth Allwng %	\$21,72	\$11.73	\$0.00	\$3.16	¢a ca	60.00			*1/4	
	Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.06	•	\$0.00		\$3.63 \$23.41	\$0.00	\$3.20 \$20.63	N/A	N/A	1
	ily Case Mix Index for Medicaid Residents	per Current QIr End	1 9155.00	1.5707	\$0.00	320.30	\$23.41	\$0.00	. \$20.63	\$3.04	\$10.01	\$0.00
	Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 16 x £n 17		\$118.76		1		*		1		1
	d 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
						020.00	Q25 .41		. 920.03	33.04	\$10.01	30.00
	n Add-on Amounts			:		1		i	:			
	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	١ .
21 BIMS Add-on Per		Ln 19 Col b x CPS Add-on	\$2.97	\$2.97				:	•			-
	Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56				!				i
23 Nursing Home Pro		(Fixed Amount)	\$17.10				_		\$17.10			
·····	er Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.16	\$7.06	\$0.00		\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix	x 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 Dien	n Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.20	:				•	1	***		

Provider: Nursecare of Buckhead Prodr ID: 00142183A		Add-on Data and Percentages Growth Allowance:			Facility Score N/A	Add-an Percent 18,37%	Case Mix Index (CMI) Data Base Period Overall CMI;				Facility Specific 1,3783	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date:	01/01/21 Otrly BIMS score			30.6%	2.5%	Quarterly Medicaid CMI:				1.7088	1,5438
MDS & Nurse Hrs Data per Quarter Ending:		09/30/20 Nurse Hours per On-Site Day/Quality Incentive:			3.25	2.0%	Ortrly Meaid CMI w RUG Wight Options:				1.7400	1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	g	h	i
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
	Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.3783</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.69				i i				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$52,69	\$0.00	\$15.27	\$19,08	; i	\$25,22	\$3.64	\$27,47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27	1	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %										
16	CMA Allowed Per Diern (Alter Growth Allowance Add-on)	En 14 + En 15	\$20,30 \$147,25	\$9.68 \$62.37	\$0.00	\$2,81	\$3.50	\$0.00	\$4,31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$147.25	1,7400	\$0.00	\$18.08	\$22,58	\$0.00	\$27.77	\$3,64	\$9.58	\$3.23
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.52				<u> </u>				
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 ((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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	(i.n 25 - i.n 23) * 0.75	\$149.58									

Provider: Prvdr ID;	- ···· · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************	•	Facility Specific	State- wide
FIVUI ID;	Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trlv BIMS score	N/A 38.0%	18.37% 2.5%			d Overall CMI		1.2630	1.3617
1	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.65	2.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.1941 1.2105	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
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	-	а	ь	С	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS	:										
1 Cost	Center Peer Groups	(see Policy Manual)		: 1		2		1		: !		
	Type of Facility within Peer Group	(SSS 1 SNS) INGRADA		. All Facilities	. All Facilities		All Facilities	All Facilities	: I - All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits					1			:			
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	3		
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts	:		! :				i I				
5 As F	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, Rpt	\$4,469,446.86	\$2,585,315	50	\$489,991	\$288,139	\$286.096	\$568,338	\$96,019	\$155,549	\$0
6 Aud	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)		\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7 : Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139		\$546,029	\$96,019	\$139,073	\$16,476
8 T	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419		, **	1	4200,100	4200,000	. 40-10,025	\$30,015	Ψ133,073	\$10,470
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days						:	ž.	35,806	'	
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	***************************************	1.2630		41444	\$10.00	(***********	313.00	\$2.00	\$4.04	φ0.46
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05		1						
12 Net	Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ls 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68	i	\$15.86	\$2.68	\$4.04	\$0.48
. 13 Per	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.40
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59.05	\$0.00	1	\$16.68		\$15.86	\$2.68	8.29	\$0.48
	Andre Deep Phone Date But and Add					1	*******	:	1	J 200	(FRV) ;	Ψ0.40
	terly Per Diem Rate Prior to Add-ons with Allowance Percentage = 18.37%											
		Ln 14 x Grwth Allwna %	\$19.44	\$10.85	\$0.00		\$3.06	\$0.00	\$2.91	N/A	N/A	N/A
•	A Allowed Per Diem (After Growth Allowance Add-on)	Lπ 14 + Ln 15	\$136.72	\$69.90	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2105		1 :				1		
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.61							!	
19 008	arterly Medicaid CMA Allowed Per Diem	RS = ₹.π 18, AllOthr = Ln 16	\$151.43	\$84.61	\$0.00	\$16.86	\$19.74	\$0.00	\$18.77	\$2.68	\$8.29	\$0.48
Quart	terly Per Diem Add-on Amounts	!										
20 Effic	ciency 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 BIM	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12		-			1		45.00	
22 Nun	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.54	\$2.54		1) ;	1		'	
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$17.10					,	\$17,10	: 1		
24 Tota	al 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 Quart	terly 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 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118,22	:		<u> </u>	=		i	·i	:	
		tenen en ent an	\$110.22	:								

	Provider: Oakview Health & Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
١	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: htdy BIMS score tuality Incentive:	33.3%	18.37% 2.5% 3.0%	Ortrly Moaid		l Overall CMI Medicaid CMI Wght Options	:	1.2538 1.4659 1.4904	1,3617 1,5438 1,5713
Lini #	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	, b	c	d	e	f	9	g	h	i
. (CASE MIX BASED RATE CALCULATIONS		1			:		:		:		
1	Cost Center Peer Groups	(see Policy Manual)		. 1	1	2	1	· •				
	Type of Facility within Peer Group	(, ,		All Facilities	All Facilities	and the second s	All Facilities	. All Facilities	All Facilities	1		
	Bed Size Range wilhin 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					: !		i	İ	1		
2	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%	Í	105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	l,	\$0.37			
	Base Period Per Diem Allowed Amounts					:			1	1 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	{\$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			\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873	:					!		4 2 , 22 .	422,00
	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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.92	\$76.07	\$0.00	\$14.93	\$19.87	(with L&H)	\$18.32		\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qt/s of FY12	:	1.2538		1				:		*****
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60.67					:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	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	\$0.44
ı	Quarterly Per Diem Rate Prior to Add-ons					: ;					(FRV)	
15		Ln 14 x Grwth Allwnc %	\$20,91	\$11.15	\$0.00	\$2.74	60.05					
16	***************************************	Ln 14 + Ln 15	\$153.46	\$71.82	\$0.00	\$17.67	\$3.65 \$23.52	\$0.00	\$3.37		N/A	N/A
17		per Current Otr End	. \$155.40	1.4904	30.00	\$17.07	\$23.52	\$0.00	\$21.69	\$2.74	\$15.58	\$0.44
18	The second secon	Ln 16 x Ln 17	•	\$107.04		1 :		!		1		
19		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
	Constant Bank Standard						420.02		. 421.03	1	\$15.5G	- 30,44
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)									:	
21		Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
22		Ln 19 Col b x Sting Add-on	\$2.68	\$2.68	1					!		
23	· · · · · · · · · · · · · · · · · · ·	(Fixed Amount)	\$3.21	\$3.21				!				
24	9	Sum of Lns 20 thru 23	\$17.10 \$24.52	\$6.42		60.00	# 0.44		\$17.10	- :		
				 	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	·	\$0.00	\$0.00
_45	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 Prvdr ID: 003188970A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 26.6% 3.02	Add-on Percent 18.37% 1.0% 3.0%	-	Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.5913 1.6208	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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$143.35 \$23.31 \$169.47	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.6208 \$130.33	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 2.81	\$16.46 \$16.46 \$16.46 (FRV Rate)	\$0.00
Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$219.39 \$1.30 \$3.91 \$17.10 \$22.31	\$130.33 \$1.30 \$3.91		\$20.70	\$25.97		\$23.12 17.10	\$2.81	\$16.46	\$0.00
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										

Provider: Oconee Health & Rehab Prodr ID: 00142293A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data	•	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI:		1.1620	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		Q rs per On-Site Day/Q	trly BIMS score	37.0% 3.29	2.5% 3.0%	Ortely Maniel	Quarterly I CMI w RUG 1	Medicaid CMI:		1.4544	1.5438
				0.20	3.0 70	Citaly Wicald	CIVII W INGG	right Options.		1.4814	1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	: Admin : and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	:	a	b	С	ď	е	, f	q	. a	h	i
CASE MIX BASED RATE CALCULATIONS								:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
1 Cost Center Peer Groups					<u> </u>			;	1		i
Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1	1	1	1		•
Bed Sizo Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Red Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	•		:		!	7 th 200 Cito			1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		:
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	• 8				. :						
5 As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,430,942.46	\$1,169,546	\$0	\$286,116	\$161,467	\$218.516	\$341,229	\$47,879	\$206,189	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)	1	(\$8,381)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516		1	\$197,808	\$8,381
8 Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885				4701,101		, 4002,072	\$ 77,075	Ψ137,000	\$0,501
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL Ins Rpt Days		:		1			ł	17,204		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25.53	: (with L&H)	\$22.35	\$2.78	\$13.29	\$0.56
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1620		1	*			42	\$10.25	40.50
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61		1				:		I
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19,22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13 Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	:	\$20,56	\$0.00	N/A	. 40.00
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67.61	\$0.00	\$18.41	\$23.09		\$20.56		9.85	\$0.56
Quarterly Per Diem Rate Prior to Add-ons			:		1	•				(FRV)	,
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$23.82	\$12.42	\$0.00	#2.00	*4.04					
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.68	\$80.03	\$0.00	\$3.38	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	φιου.σο	1.4814	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$2.78	\$9.85	\$0.56
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$118.56		1						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.21	\$118.56	\$0.00	\$21.79	\$27,33	\$0.00	\$24.34	\$2.78	\$9.85	to re
Ourselvette Davids and Allendary	•		41.0.00	Ψ0.00	J L1.13	\$27.55	\$0.00	. 024.04	\$2.76	48.05	\$0.56
Quarterly Per Diem Add-on Amounts 20 ' Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)		· · · · · · · · ·	i		: :				1		
	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	i i	\$0.00	· i
	Ln 19 Col b x CPS Add-on	\$2.96	\$2.96		1		! 	•	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$3.56	\$3.56		1		1				
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	{Fixed Amount}	\$17.10	'					\$17.10	i ·		
	Sum of Lns 20 thru 23	\$24.15	\$7.05	\$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	\$229.36	\$125.61	\$0.00	\$21.79	\$27.33	\$0.00	\$41.44	\$2.78	\$9.85	\$0.56
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.20						•			

Providen	·		Add-on Data and		Facility Score	Add-on Percent	_ Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:		444000		owth Allowance:	N/A	18.37%			d Overall CMI:		2.1590	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour	Q s per On-Site Day/Q	Itrly BIMS score	0.0% 6.80	0.0% 0.0%	Ordelis Mandal		Medicaid CMI:		1.5438	1.5438
L	was a rouse rus seta per quarter Enoug.	55/50/20 Huise (100)	a per On-one Day/Q	many incentive.	0.00	0.0%	Qitily wcato	CIMI W RUG	Wght Options:		1.5713	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	. b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS			:					1			
:	t Center Peer Groups							:				
. I COSt	Type of Facility within Peer Group	(see Policy Manual)		. 1 All Facilities	1 All Ganillian	1	1	1	1	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Facilities All Red Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities	· All Facilities : All Bed Sizes			
Poor	r Group Standards & Efficiency Measure Limits				,	7 Bob 0.1200	7 th 0 to 0 to 200	:	710 000 3/203			!
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Effi	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
Base	e Period Per Diem Allowed Amounts					1			1			
	Filed Cost Center Costs (Routine & Special Sives 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,025)		\$0	\$0	\$0	\$0		920,101	(\$3,258)	
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	*	\$67.047		\$1,247,306	\$20,101	\$301,762	
8 1	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356		,	1				420,101	0001,702	Ψυ,ευυ
, , ,	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days		:		1				2.003		ı
9 Net	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590		1					******	
11 . F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$105.71								
12 Net	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105,71	\$0.00	\$52.70	\$80.90	į	\$371,66	\$10.04	\$89.92	\$0.97
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se 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	\$0.97
Quar	rterly Per Diem Rate Prior to Add-ons					1					(FRV)	i
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$26.51	\$13,14	\$0.00	\$5.35	\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$203.44		\$0.00	\$34.50	\$27.33	\$0.00	\$24.34	\$10.04	\$21.61	\$0.97
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4200.11	1.5713	Ψ0.00	\$54.50	Ψ27.55	30.00		\$10.04	\$21.01	φυ.97
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.01						1		
19 Qu	rarterly 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
0	rterly Per Diem Add-on Amounts									•	42	. 40.01
1 .	ficiency 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	CO 00	***		4	
!	MS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$G.UU	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	:
	rise Staff Hrs / Quality Add-on Per Diem: 0.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$0.00	1		1		i	:			
. :	rsing Home Provider Fee	(Fixed Amount)	\$17.10	. 40.00					£17.40	. !		
	tal 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 \$17.10	\$0.00	\$0.00	\$0.00
·	rterly 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		<u> </u>
ļi				4133.01	\$0.00	\$34.30	\$21.33	\$0.00	\$41,44 :	\$10.04	\$21.61	\$0.97
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.85	:								

Provider: Orchard Health and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00142656A			owth Allowance:	N/A	18.37%			d Overall CMI:		0.9752	1.3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	53.2% 3.36	5.5% 3.0%	Ortrly Meaid	Quarterly I CMI w RUG	Medicaid CMI: Wght Options:		1.3755 1.4004	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	ь	c	d	e	f	00110101	a	h	i
CASE MIX BASED RATE CALCULATIONS			-					:	} 		
1 Cost Center Peer Groups							i I				
Type of Facility within Peer Group	(see Policy Manual)		1 1	10.5	2	1	1	1			
Bed Size Range within Peer Group			All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			•
Peer Group Standards & Efficiency Measure Limits			!			7 m 202 0/203	Jul Bod Sizes	. All Dea Sizes	ĺ		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		1
Base Period Per Diem Allowed Amounts	1 2		:						1		
5 As Filed Cost Center Costs (Rouline & Special Srvcs 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	; S
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,088)	(\$3,895)	\$0		\$0	; \$2.10,030 ; \$0	(\$39,193)		(\$13,502	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,427,119	\$1,885,676	\$0		\$203,048	\$216,850		\$100,590	\$129,412	•
8 Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547	. 41(000,010		V + + + + + + + + + + + + + + + + + + +	02.00,040	; 4210,030		\$100,030	\$125,412	\$13,30
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-Pt Ins Rpt Days	,						i.	29,624		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.4
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752		1 :	******			40,10	44.00	\$0.4
11 , Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65,44		1		1				i
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	. \$0.4
13 Per Diem Standards (After Statewide CMA for Routine Stres)	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 En 12 or En 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49	
0				:	:	•				(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %			•	:						
15 Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.09	\$12.02	\$0.00		\$2.61	\$0.00	\$2.91	N/A	N/A	N//
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140.80	\$77.46	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7.49	\$0.4
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4004								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOthr = Ln 16	\$171.81	\$108.47 \$108.47	\$0.00	\$16.43	\$16.82	\$0.00	\$18.74	\$3.40	\$7,49	
	!	φ	\$100.41	φυ.συ	\$10.43	\$10.02	30.00	\$10.74	\$3.40	\$7.49	\$0.4
Quarterly Per Diem Add-on Amounts											1
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 5.5% (to Routine Says)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
Table 1		\$5.97	\$5.97		1						1
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$3.25	\$3.25				1	l			1
3	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10				4.		\$17.10			!
		\$27.85	\$9.75	\$0.00		\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
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	\$0.4
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.92									

FINAL

100	rovider: Orchard View Rehab & Skilled NC rvdr ID: 00142117A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 55.0% 4.89	Add-on Percent 18.37% 5.5% 3.0%	worker meet	Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		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
	ISE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$164.90 \$23.31 \$190.70	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$88.41 1.3018 \$104.68	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$38.01 \$38.01 \$38.01 (FRV Rate)	\$0.00 \$0.00
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% o Routine Srys)		\$214.97 \$5.76	\$104.68 \$5.76		\$20.70	\$25.97		\$23.12	\$2.49	\$38.01	\$0.00
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$3.14 \$0.00 \$8.90	\$3.14					0.00			
	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									· ·	

	ovider: Oxley Park Health & Rehab vdr ID: 00143316A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 16.2% 2.95	Add-on <u>Percent</u> 18.37% 0.0% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3255 1.4690 1.4950	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL Ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3255								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 = 18.37%	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		<u>1.4950</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$182.31	\$103.26 \$103.26	\$0.00	\$16.84	\$18.71	\$0.00	\$23.27	\$2.73	\$16.60	\$0.90
19	Quarterly Medicaid CMA Allowed Fet Dietit	110 = Eli 10, Allouii = Eli 10	\$102.31	\$103.20	φυ.υυ	\$10.04	φ10.71	φυ.υυ	φ23.27	φ2.73	\$16.60	Φ0.90
	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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.13	\$4.13					\$17.10			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$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	\$0.00
	•		•	Ψ107.32	φυ.υυ	ψ17.00	φ13.12	φυ.υυ	ψ40.74	φ2.13	φ10.00	Ψ0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.98									

Case Min Per Dilan Rise Placin Rise Pl	Provider: Palemon Gaskins Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data	•	Facility Specific	State- wide
Description Sources Totals Septiment Septime			Q	trly BIMS score	41.2%	2.5%	Ortrly Meald	Quarterly N	Medicaid CMI:		0.9808	1.5438
Control Page Con	Line, Description		Totals			Dietary	,	Operatns	and		and	
Control Peer Groups Control Peer Groups Control Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups All Feedback All Peer Groups A			а	b	С	d	е	f	g	g	h	i
## Facility of Parally Milling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally Cling Parally	CASE MIX BASED RATE CALCULATIONS					. !			1			:
Part Types of Facility within Pear Group All Facilities All Facili	1 Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	. 1			i
Real Size Reage within Proc Group Real Size Reage within Proc Group Standards & All Bed Size All Size All Bed Size All Si	•	(SOS CONSTRUCTION)		,		Hosp Based	•	•	1 -			
Peer Group Standards & Efficiency Messurie Limits 50.075 50.075 50.075 700.0	Bed Size Range within Peer Group					, ,		i				
2 Pear Group Standards: Networks Search S	Peer Group Standards & Efficiency Measure Limits			:	i ·	:		1				
Process Proc		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Base Period Per Diem Allowed Amounts		(see Policy Manual)		100.0%		, , ,		1		1		
5 As Filed Cost Center Costs (Routine & Special Sreez Combined) 6 Adult Adjustments and Reallocations to Cost Center Costs 777,456 6 Adult Adjustments and Reallocations to Cost Center Costs 777,456 6 Adult Adjustments and Reallocations to Cost Center Costs 777,456 6 Adult Adjustments and Reallocations to Cost Center Costs 777,456 6 Adult Adjustments and Reallocations to Cost Center Costs 777,456 7712 Audited CIR Days 77041 Nursing Facility Days Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 Nursing Facility Days 77041 N	4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audit Adjustments and Reallocations to Cost Center Costs 6	Base Period Per Diem Allowed Amounts				! !							
6 Audit Adjustments and Reallocations to Cost Center Costs 6		As Filed FY12 C/R -FY 2018 GL-PL Rnt	\$1 944 880 96	\$802,655	\$0	\$301.000	\$120.464	. S100 000		620.702	677.450	
7 Cost Center Costs After Audit Adjustments FY12 Audited CR 51,933,488 S891,868 S0 \$391,90 \$129,609 \$189,103 \$213,669 \$39,799 \$70,207 \$1.18 \$11.007 \$10,104 \$1					-							
Total Nursing Facility Days			, , ,	, ,						!		
Total Nursing Facility Days GL-PL Ins. Rpt As Fled Days = 10,104 FY 18 GL-PL Ins Rpt Days Net Per Diems prior to Case Max Adjustrut to Routine Sives Ln 7 / Ln 8 Cal n S181.43 S83.59 S0.00 S36.74 S29.87 (with L&H) S20.03 S3.94 S7.15 S0.15				\$031,000	. 30	4051.550	\$129,009	\$109,103	\$213,009	\$39,793	\$76,267	\$1,185
9 Nel Per Diems prior to Case Mix Adjstmt to Routine Srvcs		•	10,010		:	1				10 104		Y
10 Base Period Facility Case Mix Alignety for All Residents from 4 qtrs of FY12 L 12317 S0.00 S36.787 S0.00 S36.74 S29.87 S20.03 S3.94 S7.15 S0.1 S67.87 S0.00 S36.787 S0.00 S36.74 S29.87 S20.03 S3.94 S7.15 S0.1 S67.87 S0.00 S36.787 S0.00 S36.74 S29.87 S20.03 S3.94 S7.15 S0.1 S67.87 S0.00 S36.787 S0.00 S36.74 S29.87 S20.03 S3.94 S7.15 S0.1 S67.87 S0.00 S29.15 S20.09 S20.03 S3.94 S7.15 S0.1 S67.87 S0.00 S29.15 S20.09 S20.03 S3.94 S2		· · · · · ·	\$181.43	; \$83.50	50.00	¢26.74	ቀሳስ 97	i Guide CRES			P7.4F	
Routine Srvcs Case Mix AdjistId (CMA) Net Per Diem			\$101.40		. 50.00	930.14	\$29.01	(MINITERRY	. \$20.03	\$3.94	\$1.15	\$0.17
Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$67.87 \$0.00 \$36.74 \$29.87 \$20.03 \$3.94 \$7.15 \$0.13 \$1.185 \$1.13 \$1.185 \$1.145 \$1.185 \$1.		•				;				1		
Per Diem Standards (Alter Standards (A	, , , , , , , , , , , , , , , , , , , ,				80.00	¢25.74	ድረስ በ7				***	
Base Period Case Mix Adjusted Allowed Per Diem Lesser of In 12 or In 13 \$156,04 \$567.87 \$0.00 \$529.15 \$23.09 \$20.03 \$3.94 \$11.85 \$0.1	•	1								1		\$0.3
Counterly Per Diem Rate Prior to Add-ons CMA Allowace Percentage = 18.37%	,		\$156.04				•		-			
Cuarterly Per Diem Rate Prior to Add-ons CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 x Growth Allowance State S25.74 S12.47 S0.00 S3.45 S27.33 S0.00 S23.71 S3.94 S11.85 S0.14			¥150.04	: 907.67	φυ.υυ	\$29.15	\$25.09	:	\$20.03	\$3.94		\$0.1
16 CMA Allowed Per Diem (After Growth Allowance Add-on)				!		i i					(LVA)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Qtrty Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 579.81 19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 18, AllOthr = Ln 16 \$181.25 \$79.81 \$0.00 \$34.50 \$27.33 \$0.00 \$23.71 \$3.94 \$11.85 \$0.10 \$0.00	<u> </u>	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
18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ln 14 + Ln 15	\$181.78	\$80.34	\$0.00	\$34.50	\$27.33	\$0.00	\$23.71	\$3.94	\$11,85	\$0.1
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S181.25 S79.81 S0.00 S34.50 S27.33 S0.00 S23.71 S3.94 S11.85 S0.10 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stind - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on S2.00 S2.00 S2.00 S2.00 S0	,	per Current Qtr End		0.9934		:			ī.			
Quarterly Per Diem Add-on Amounts Sundand	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17		\$79.81								
20 Efficiency Add-on Per Diem (ISInd - Alwal] x .75, up to max, or 0) (see Policy Manual) \$0.90 \$0.53 \$0.00	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	\$0.1
20 Efficiency Add-on Per Diem (ISInd - Alwal] x .75, up to max, or 0) (see Policy Manual) \$0.90 \$0.53 \$0.00	Quarterly Per Diem Add-on Amounts			-		:		:		i :		!
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.00 \$2.0		(see Policy Manual)	sn an	\$11.53	\$0.00	\$0.00	\$0.00	. 60 00	g0.27		en na	!
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)						φυ,ου	\$0.00	- 40.00 -	30.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$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 \$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 \$0.10	· · · · · · · · · · · · · · · · · · ·					·		:	: \$17.10			
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 \$0.10	•			\$4.92	\$0.00	\$0.00	\$0.00	. ፍ በ ብሳ	:		\$0.00	en o
21.03		Ln 19 + Ln 24				·		i		·		·
	26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.91			4230		. 40.00	¥-1.10	. 40.04	411.03	30.1

1	ovider: Park Place Nursing Facility vdr ID: 00002164A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score		Add-on <u>Percent</u> 18.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2699 1.4418 1.4676	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	8	b	C	đ	е	f	9	<u> </u>	h	ı
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	:						:	}			
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)	1 1 1	1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)	1. 3.	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	:	50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts		•	:		:		!				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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 Adjstmts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)			(\$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	7	\$178,932	\$77,870
. 8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271		1	:		l				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days	•			1				58,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07		1		!	:			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Statewide CMA for Routine Strucs)	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	\$ -		5	1	1		! !			(CRV)	:
15	Growth Allowance Percentage = 18.37%	Lл 14 x Grwth Allwnc %	\$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		1			i	1		
18	Ortrly Routine Srvcs 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
1	Quarterly Per Diem Add-on Amounts			•	:			İ	İ	dia.		
20	Efficiency Add-on Per Diera ((Stnd - Alwel) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	·
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col 6 x CPS Add-on	\$2.52	\$2.52				1		1	42.20	,
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03				Ì	i			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:		\$ 2	\$17.10	1		!
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 + Lл 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	:								
			,									

Prov Prvd		1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score	Facility Score N/A 43.8% 3.09	Add-on Percent 18.37% 2.5% 3.0%		Quarterly N	l Overall CMI: dedicaid CMI:		Facility Specific 1.3029 1.8016	State- wide 1.3617 1.5438
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	3.0% Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	1.8370 Property and	1,5713 Taxes and
		Calculations	a	ь	С	d	е	& Maint	General	· · · ·	Related	Insurance
CAS	SE MIX BASED RATE CALCULATIONS		1	:		: .			<u>9</u>	<u>. y</u> :		<u>'</u>
	Cost Center Peer Groups	(see Policy Manual)		. 1			_		!			
	Type of Facility within Peer Group	(see Folicy Mandal)		All Facilities	All Facilities	1 Hosp Based	1 All Facililies	1 All Facilities	: 1 : All Facilities	:		
	Bed Size Range within Peer Group		!	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%			1
3	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	•	105.0%			1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
E	Base Period Per Diem Allowed Amounts					: :						i
. 5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$62,077)	(\$129,666)	SO	\$3,725	(\$1,710)	\$12.083	\$58,749		(\$57,355)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888		\$1,126,406	\$17,410	\$584,796	1
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35.922		•		40.0,000	. 4000,000		ψ(1),410	\$304,130	452,037
	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 Adjstmt to Routine Srvcs	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 gtrs of FY12		1.3029	45,00	420.01	V 20.E0	. (************************************	\$37.00	V 2.12	Ψ10.20	\$1.40
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10	:	\$53.83		:				1 E		i.
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	\$10.28 N/A	. DE.40
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	\$1.45
; '`			. 4755.50	. 455,05	\$0.00	Ψ23.31	\$23.09		\$20,50	\$2.12	9.00 (FRV)	\$1.45
1 1	Quarterly Per Diem Rate Prior to Add-ons					. :			1	1	(,,,,,	
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)	in 14 + in 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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.05		i i				1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$209.48	\$117.05	\$0.00	\$27.59	\$27.33	\$0.00	\$24.34	\$2.12	\$9.60	\$1.45
c	Quarterly Per Diem Add-on Amounts								!			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93							43.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.51	\$3.51		1			!	1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			. !			\$17.10	1		I .
24	Total Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$24.29	\$6.97	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 C	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	
	Quarterly Per Diem Rate for Bed Hold and Leave Days		<u> </u>	·	***************************************							J

Provider: Parkside Post Acute Care and Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00169199A Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: triv BIMS score	N/A 46.9%	18.37%			Overali CMI:		1.3690	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		ours per On-Site Day/Q			5.5% 3.0%	Onny Meaid		Medicaid CMI: Wght Options:		1.5980 1.6249	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	ъ	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS					,			:			
1 Cost Center Peer Groups	(see Policy Manual)	•	1	. 1	2	1	1				
Type of Facility within Peer Group	(2001 only manual)		All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	1	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits		:					1	:			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	. !		
3 Peer Group Standards: Multiplier	(see Policy Manual)	1	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts		:			1						
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	. As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$289,144)				\$2,545	\$2,104	(\$294,492)		(\$107,490)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	50		\$616,010		\$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			:		1220,000		. 40,0.0	Ψ111,700	4.10,011
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days			1					55,592		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3690		4 7 7 7 7	4.5				4.2.01	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36	!	1			•	-		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	per Peer Group Limits	:	\$71.51	\$0.00		\$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		\$19,78		\$20.56	\$0.37	10,09	\$1.95
Quarterly Per Diem Rate Prior to Add-ons				 - 	: 1					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Alfwnc %	\$21,43	\$10.72	\$0.00	\$3.30	\$3.63	\$0.00	\$3,78) N//4	344-	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.48	\$69.08	\$0.00					N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	. Ø150.40	1.6249		DZ 1.24	\$23.41	\$0.00	\$24.34	\$0.37	\$10.09	\$1.95
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.25		1			:	:		
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								:		4.3.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	#4.40		eo ^^	do co	en 11	60.00		: 1		
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$6.17 \$3.37	\$6.17		1						
23 Nursing Home Provider Fee	(Fixed Amount)		\$3,37								
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$27.80	***	20.55				\$17.10			
			\$10.07	\$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	\$221.45	\$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									

Provider: Pelham Parkway Nursin	ng Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	ase Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score		2.5%			d Overall CMI: Medicaid CMI:		1.4543 1.0908	1.3617 1.5438
	& Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse I	Hours per On-Site Day/Q		4.04	2.0%	Ortrly Mcaid	CMI w RUG			1.1051	1.5713
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	***************************************		а	b	С	d	е	f	g	g	h	i
CASE MIX BASED RATE CALCULAT	TIONS							i I				1
1 Cost Center Peer Groups		(see Policy Manual)	•	. 1	. 1	1	1	. 1	: 1	: :		
Type of Facility within Peer Group		(,,		. All Facilities	All Facilities		All Facilities	All Facilities	. All Facilities	: 1		
Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Meas	ure Limits			:		: !		1	:			
2 Peer Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			•
3 Peer Group Standards: Multiplier		(see Policy Manual)	- 1	100.0%	100.0%	100.0%	100.0%	1	105.0%	:		
4 Efficiency Measure Maximums (see line 2	0 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts												
5 As Filed Cost Center Costs (Routine & Sp	ecial Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL F	Ppt \$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 Co	ost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0		(\$2,745)	,	1 1		(\$16,324)	
7 Cost Center Costs After Audit Adjustment	s	FY12 Audited C/R	\$6,147,864	\$2,682,660		\$1,010,340	\$563,322			\$19,888	\$233,428	
8 Total Nursing Facility Days	As Filed Days = 38,915	FY12 Audited C/R Days	38,915				*,			1.2,000	4230,125	0.0,103
Total Nursing Facility Days GL-PL Ins. I	Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days				:			•	37,881		1
9 Net Per Diems prior to Case Mix Adjstmt t	o Routine Srvcs	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	•		***************************************	,	30.02	40.00	ψ0.00	. 40.00
11 Routine Srvcs Case Mix Adjstd (CMA)	Net Per Diem	Ln 9 / Ln 10		\$47.41		i		1	!			
12 Net Per Diems after Case Mix Adjstmt to f	Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	:	\$47,41	\$0.00	\$25.96	\$31.16	1	\$25.02	\$0.53	\$6.00	\$0.39
13 Per Diem Standards (After Statewide CMA fo	or Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00		\$23.09	i	\$20.56	\$0.00	N/A	ψ0.53
14 Base Period Case Mix Adjusted Allowed F	Per Diem	Lesser of Ln 12 or Ln 13	\$129.36	\$47,41	\$0.00		\$23.09		\$20.56	\$0.53	11.42	\$0.39
Overted: Des Biens Bets Bries & Add ess	_								*******	: ****	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage =	s 18.37%	Ln 14 x Grwth Allwnc %	604.50		***				'	:		
16 CMA Allowed Per Diem (After Growth Allows		Ln 14 + Ln 15	\$21.50	\$8.71 \$56.12	\$0.00		\$4.24	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Me	•	per Current Qtr End	\$150.86	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0.00	\$30.73	\$27.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
18 Ortrly Routine Srvcs Case Mix Adjstd (0		En 16 x Ln 17	:	1.1051 \$62.02						: İ		
19 Quarterly Medicaid CMA Allowed Per Dier	,	RS = Ln 18, AllOthr = Ln 16	\$156.76		\$0.00	\$30.73	\$27.33	\$0.00	\$24.34		044.40	
,	••		: \$150.70	\$02.02	30.00	\$30.73	\$21.33	\$0.00	\$24.34	\$0.53	\$11.42	\$0.39
Quarterly Per Diem Add-on Amounts						i .			:	1		1
20 Efficiency Add-on Per Diem ([Stnd - Alwd]		(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	1	\$0.00	
21 BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55					:	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem	1: 2.0% (to Routine Srvcs)	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 + £n 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	d Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.23	5			* *************************************		······································			

1	ovider: Pine Knoll Nursing and Rehab Center vdr ID: 00142458A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtrl	th Allowance: ly BIMS score		Add-on Percent 18,37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4918 1.7832 1.8171	State- wide 1,4014 1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Rautine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	e	f	g		h	ì
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	f All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stress 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 Adjstmts	\$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 Srvcs	£n 7 / £n 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 gtrs of FY10		1.4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (Alter Statewide CMA for Routine Srvcs)	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	\$0,57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwac %	\$20,18	\$10.70	\$0.00	\$2,56	\$2.51	60.00	***	by/a		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Lr. 14 + Ln 15	\$138,77	\$68.96	\$0,00	\$16.51	\$2.51 \$16.20	\$0,00 \$0.00	\$4,41 \$28,43	N/A \$0,28	N/A \$7,82	N/A \$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$150,77	1,8171	30.00	Φ10,31	\$10.20	\$0.00	\$20,43	\$0,28	\$7.82	\$0.57
18	Ortrly Routine Srvcs 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
	-	·	¥	1	12,00	*****	\$,5.20	45.00	020,40	40.20	\$7.0Z	Ψν.στ
	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 Routino Srvs)	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 Srvcs)	Ln 19 Col b x Siling Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10			
-	Total Quarterly Per Diem Add-on Amounts		\$25.15	\$7,42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	·	\$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									

	Pinehil! Nursing Center 10083135A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Case	e Mix Index (C	MI) Data i Overali CMI		Facility Specific 1.0657	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	51.5% 2.55	5.5% 2.0%	Ortrly Moaid		Medicaid CMI		1.6489 1.6814	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>i</u>			а	b	C	d	е	f	g	9	h	i
CASE MIX	BASED RATE CALCULATIONS					1						
1 Cost Cent	ter Peer Groups	(see Policy Manual)		1	1	2	1	1				!
	ne of Facility within Peer Group	(see Funcy Manual)		. All Facilities	All Facilities	Free Standing	7 All Facilities	. 1 . All Facilities	. 1 : All Facilities			!
	I Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			l I
Peer Grou	up Standards & Efficiency Measure Limits											
	oup Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 : Peer Gro	oup Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		i
4 Efficiency	y Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			!
Base Peri	od Per Diem Allowed Amounts			:		1						
5 As Filed	Cost Center Costs (Routine & Special Srvcs 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
	ijustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)		1	(\$241,103)	\$17,314
	nter Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972		\$39,808	\$16,544	\$17,314
)	Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835	,	***	4200,207	0,,0,200	ΨΕ10,37 Σ	0202,040	Ψ03,000	\$10,044	\$17,514
Total i	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days	,			!			:	28,209		
9 Net Per I	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15.85		\$0.93	\$0.97
10 Base I	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657	******		4 75.55	(4	Ψ0.55	90.31
	ne Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 9 / Ln 10		\$64,39		1				1		
t .	Diems after Case Mix Adjstmt to Routine Srvcs	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	n Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	4	\$23.09		\$20.56	1	N/A	Ψ0.51
14 Base Per	riod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.33	\$64.39	\$0.00	A Company of the Comp	\$18.69		\$15.85		8.82	\$0.97
		· •			•		*******		, 410.00		(FRV)	Ψ0.51
,	Per Diem Rate Prior to Add-ons Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				i;						
1			\$20.78	\$11.83	\$0.00	1	\$3.43	\$0.00		N/A	N/A	N/A
(owed 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
	erly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.6814		1			}			:
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem y Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	6407.05	\$128.16	***					1		
19 Quarterly	y Medicald GMA Allowed Fer Diem	NS - Eli 16, Allouii - Eli 16	\$197.05	\$128.16	\$0.00	\$16.81	\$22.12	\$0.00	\$18.76	\$1.41	\$8.82	\$0.97
	Per Diem Add-on Amounts	, , , , , , , , , , , , , , , , , , ,				!			:			
1	y 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	
	dd-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.05	\$7.05		1				1		
	taff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.56	\$2.56					1	1		
_	Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 Total Qua	earterly 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
	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.14			1		 		<u> </u>	17-	

1	rovider: Pinewood Nursing Ctr	Ac	ld-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index ((CMI) Data d Overall CMI:	•	Facility Specific 1,1182	State- wide
	Case Mix Per Diem Rate Elfective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per	Qtr	ly BIMS score	31.3%	2.5% 1,0%	Ortrly Meald	Quarterly I	Medicaid CMI: Wght Options:		1,4535 1,4810	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
<u> </u>			а	ь	С	d	е	f	g	g	h	i
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2		1				
	Type of Facility within Peer Group	(ever tolley mailous)		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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
-		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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)	\$D	\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,44	\$0.00	\$17,51	\$19.52		\$25,05	\$0.28	\$20,99	\$1.40
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	ļ	\$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	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	La 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 Otr End		1,4810	40.00	1 4250	Q20,()	40.00	427,77	35,20	00.10	\$1.40
18	Ortrly Routine Srvcs 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 Srvs)	Ln 19 Col b x CPS Add-on	\$2,47	\$2.47	\$0.00	\$0.22	30.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Stycs)	Ln 19 Col b x Sting Add-on	\$0.99	\$0.99			,					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$0.39					\$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	60.00	60.00	***
	rown aborton; or Distriction (annually)	Com or City to him 23	941.72	\$3.59	\$0.00	\$0.22	\$U.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$201.31

\$138,16

\$102,94

\$0.00

\$20.95

\$23,52

\$0.00

\$44.87

\$0,28

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

\$7,35

\$1.40

	ovider: Pinewood Manor Nursing Home vdr ID: 00142513A		Add-on Data and Gro	Percentages bwth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data I Overall CMI:		Facility Specific 1.3181	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hours pe	Q er On-Site Day/Q	trly BIMS score uality Incentive:	38.0% 3.77	2.5% 3.0%	Ortrly Mcaid	Quarterly I CMI w RUG I	Medicaid CMI: Vght Options:		1.3684 1.3887	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
•	OF MIX PACES DATE ON OUR ATTOMS		a	b	С	d	е	f	g	g	h	1
<u>C/</u>	ASE 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											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 As Filed Days = 35,486	FY12 Audited C/R Days	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY 18 GL-PL Ins Rpt Days								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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								20000000
18	Ortrly Routine Srvcs 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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Pleasant View Nursing Center vdr ID: 00142546A		Add-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0	CMI) Data	9	Facility Specific 1,1323	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hours pe	Q er On-Site Day/Q	trly BIMS score uality Incentive:	36.3% 2.45	2.5% 1.0%	Ortrly Mcaid		Medicaid CMI		1.2363 1.2557	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	С	d	е	f	g	g	h	1
C	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1000	Type of Facility within Peer Group	(See Folloy Maridal)		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 Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	42,132		3-70.0	10.0/000-00/1000						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,362	FY 18 GL-PL Ins Rpt Days								39,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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			*				\$0.00	\$0.07
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
12	Net Per Diems after Case Mix Adistmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$0.07
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	1,100,000	7.63	\$0.67
						V.0.72	ψ.2.00		014.00	ψο.στ	(FRV)	Ψ0.07
	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	Ortrly Routine Srvcs 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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.48	\$1.48					1		45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.59	\$0.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	3/1005.5					\$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
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		\$7.63	\$0.67
00	Ourstands Day Dissay Brate for Day I Hald and Large Day	// - OF 1 - OO + O 75	****									,
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$87.65									

\$147.00

\$97.43

(Ln 27 - Ln 23) * 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provid			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr	ID: 00222582A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: Iny BIMS score uality Incentive:	N/A 47.8% 2.96	18.37% 5.5% 2.0%	Qrlrly Mcaid		d Overall CMI; Medicaîd CMI; Wght Options:		1.3070 1.6936 1.7261	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
<u> </u>			а	b	С	d	е	f	9	9	h	i
CASE	E MIX BASED RATE CALCULATIONS				İ	1			:	!		:
1 Co	ost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	:			
	Type of Facility within Peer Group	face Louck Mariant		. All Facilities	All Facilities		I All Facilities	All Facilities	. 1 All Facilities			
· l	Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes		All Bed Sizes	:		I
Pe	er Group Standards & Efficiency Measure Limits				1			i		1		:
	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	1		:
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			!
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
Ba	se Period Per Diem Allowed Amounts				:					1		:
5 A	As Filed Cost Center Costs (Rouline & Special Srvcs 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
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	
7 0	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0		\$250,159	\$240,904	\$445,007		\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650				*			400,012	0001,724	450,110
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL ins Rpt Days			:	1		:	:	27,351		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 qtrs of FY12	:	1.3070	:	1				1	¥16.07	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19					Į.			
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76	i	\$16.09	\$2,13	\$12.94	\$1.38
13 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	\$;	\$20.56	\$0.00	N/A	i !
14 E	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	\$1.38
0	parterly Per Diem Rate Prior to Add-ons					1				1	(FRV)]
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.05	\$8.67	\$0.00	\$2,16	£0.00					
1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.57	\$55.86	\$0.00	\$13.92	\$3.26	\$0.00 \$0.00	\$2.96	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. 5121.31	1.7261	\$0.00	\$13.92	\$21.02	\$0.00	\$19.05	\$2.13	\$8.21	\$1.38
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ļл 16 x Ln 17		\$96.42		1		•	1	i i		1
	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
			:	450. 42		ψ13.3Z	φε1.02	90.00	. 913.03	\$2.13	\$0.21	31.30
	rarterly Per Diem Add-on Amounts									:		
	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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30	}			!				
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs) Nursing Home Provider Fee	En 19 Col b x Stfng Add-on	\$1.93	\$1.93	İ					i i		
	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	A 77 770		***			\$17.10	i i		
-			\$25.86	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	larterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$128.17						······································	·		·

	ovider: Powder Springs Center For Nursing & Healing		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Ph	vdr ID: 00530824A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		with Allowance: drly BIMS score uality Incentive:	N/A 28.2% 3.53	18.37% 1.0% 2.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI; Wght Options:		1.3795 1.5983 1.6246	1.3617 1.5438 1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-	TO THE PARTY OF TH		а	ь	С	ď	е	f	g	9	h	ì
C	ASE MIX BASED RATE CALCULATIONS		•	· .				į	•			
1	Cost Center Peer Groups	(see Policy Manual)	•	1	1	2	1	!	: : 1			
	Type of Facility within Poer Group Bed Size Range within Peer Group	(see I Only Maintai)	i.	All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			Annes
1	Peer Group Standards & Efficiency Measure Limits		I .	:		1		:	İ			!
2	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%			1
3	Peer Group Standards: Multiplier	(see Policy Manual)	;	100.0%	100.0%	100.0%	100.0%		105.0%			:
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
1 1	Base Period Per Diem Allowed Amounts					. :			!	! .		:
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	1
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	FY12 Audited C/R Days	70,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,423	FY 18 GL-PŁ Ins Rpt Days		<u>'</u>		1 :			ļ	66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	1.3795		1						İ
: 11 }	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$53.87		1			•			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Sivcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	l I
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12.13 (FRV)	\$1.76
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	640.00		00.00		***					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.09 \$140.95	\$9.90 \$63.77	\$0.00	\$2.61	\$3.08	\$0.00	\$3.50	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.95		\$0.00	\$16.84	\$19.86	\$0.00	\$22.56	\$4.03	\$12.13	\$1.76
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6246 \$103.60		1						1
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		1						!			
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04					1			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.07	\$2.07				:	i			
23	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 Dlem Rate	£n 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	:								1

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID	o: 00141281A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: htty BIMS score uality Incentive:	N/A 20.3% 3.08	18.37% 1.0% 2.0%	Ortrly Moaid	Quarterly i	d Overali CMI: Medicaid CMI: Wght Options:		1.1528 1.5172 1.5432	1.3617 1.5438 1.5713
Line #	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	C	ď	е	f	g	9 ;	h	i
CASE	MIX BASED RATE CALCULATIONS									1		
1 Cost	t Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group	(each only manage)		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				
Peer	r Group Standards & Efficiency Measure Limits					1						i
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		!
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 611	ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	e Period Per Diem Allowed Amounts					:				1		
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
i	st 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	:					1			
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days				:		 		35,818		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.66	\$66,56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15.03	\$1.60	\$11.24	\$0.53
1 .	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1528</u>		1			!			
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74		1						
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11.24	\$0.53
	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se 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	\$0.53
Quai	rterly Per Diem Rate Prior to Add-ons					: :					(FRV)	
	owth 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	. NICA
16 CM	AA 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	N/A \$0.53
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.5432	ΨΟΙΟΟ	, 0.0.00	Ψ17.07	40.00	\$17.75	31.00	Φ1.03	φυ.53
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.48		:			:			
19 Qu	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$170.77	\$105.48	\$0.00	\$19.85	\$17.67	\$0.00	\$17,79	\$1,60	\$7.85	\$0.53
Out	rterly Per Diem Add-on Amounts			i			İ					
	ficiency Add-on Per Diem - {{Stnd - Alwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	en			1		
	MS Add-on Per Diem = 1,0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.53 \$1.05	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37	1	\$0.00	
. 1	irse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.11	\$2.11					· }			
	rising Home Provider Fee	(Fixed Amount)	\$17.10	. V Z.ff		:			. 617.40	:		
. 1	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$3.69	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10 \$17.47	\$0.00	\$0.00	60.00
,	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.56	\$109.17	\$0.00	\$20.07	\$18.08	\$0.00	\$35.26		\$0.00	\$0.00
				V103.17	\$0.00	340.01	\$10.00	\$0.00	\$35.26	\$1.60	\$7.85	\$0.53
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(£π 25 ~ Ln 23) * 0.75	\$131.60									

Provider: Prvdr ID:	Presbyterian Home, Quitman, Inc. 00142579A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		wth Allowance: trly BIMS score	Facility Score N/A 50.7% 3.63	Add-on Percent 18.37% 5.5% 3.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1395 1.3841 1.4069	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			a	b	C	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS		:	i				:	1			
1 Cost (Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes			
2 Peei 3 Peei	Group Standards & Efficiency Measure Limits r Group Standards: Percentite r Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Period Per Diem Allowed Amounts Filed Cost Center Costs (Rouline & Special Srvcs 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
7 Cost	it Adjustments and Reallocations to Cost Center Costs t Center Costs After Audit Adjustments otal Nursing Facility Days As Filed Days = 65,959	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$75,234) \$10,262,751 65,959	\$0 \$4,890,951	\$0 \$0	\$0 \$1,374,315	(\$2,842) \$646,067		(\$68,045) \$1,410,036		(\$82,762) \$932,674	\$82,256 \$82,256
	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days	00,000		:					64,824		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.1395</u>					· }	:		
	loutine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07		1		:				
A Company of the Comp	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
1	Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
. 1	e 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
4	erly Per Diem Rate Prior to Add-ons					4			!	1	, ,	
A CONTRACTOR OF THE PARTY OF TH	wth Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc % £n 14 + £n 15	\$23.34	\$11.95	\$0.00	1	\$4.23	\$0.00			N/A	N/A
4	A Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$171.94	\$77.02	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
	luarterly Facility <u>Case Mix Index</u> for Medicaid Residents Intrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4069		1		:	:	· .		
	Interly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.28	\$108.36 \$108.36	\$0.00	\$21.79	\$27.26	\$0.00	\$24.34	\$0.82	\$19.46	\$1.25
Quarte	erly Per Diem Add-on Amounts		:									
20 Effic	ciency Add-on Per Diem. {[Stnd - 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	1	\$0.00	
21 BIM	S Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.96	\$5.96			42.01			1	\$5.00	
22 Nurs	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.25	\$3.25	:			:	1	Y		
23 Nurs	sing Home Provider Fee	(Fixed Amount)	\$0.00			1		:	\$0.00	1		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.78	\$9.74	\$0.00	\$0.00	\$0.04	\$0.00	1	\$0.00	\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.06	\$118.10	\$0.00	\$21.79	\$27.30	\$0.00	v-	\$0.82	\$19.46	
26 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Lπ 25 - Ln 23) * 0.75	\$159.80		·			·	·	<u> </u>		

	ider: Presbyterian Village, Inc.		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvo	dr ID: 00362832A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: thy BIMS score uality Incentive:	N/A 35.7% 6.02	18.37% 2.5% 3.0%	Ortrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:	1	1.2644 1.7103 1.7422	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	ď	е	f	9	<u> 9</u>	h	i
<u>CA</u>	SE MIX BASED RATE CALCULATIONS					:				1		
. 1 - 6	Cost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1				1
. :	Type of Facility within Peer Group Bed Size Range within Peer Group	(<i>,</i> ,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			!
ì		,		All Bed Sizes	All Bod Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 1	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile			:		: .		:				1
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	\$0.00	100.0% \$0.22	100.0% \$0.41	i	105.0% \$0.37			
	Base Period Per Diem Allowed Amounts				:		90.41	ŧ	\$0.37	: + : r		•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	i : As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766.00	\$3,497,168	. \$0	\$656,133	\$463,367	CEN4 OND	\$1,342,874	£27.400	8550 505	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,647)	(\$14,696)	\$0 \$0	\$000,133	\$00,007			\$37,499	\$550,525	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0 \$0	\$656,133	\$463,367	\$4,740	\$1,265,183		(\$26,496)	
8	Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499	ψυ,402,472	φυ	\$030,133	\$403,307	\$505,940	\$1,200,100	\$37,499	\$524,029	\$26,49
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days	0,1400	:		1			:	35,475		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.7
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$100.10	1.2644	40.00	\$17.50	\$25.05	(WAIT ZOLI)	933.74	\$1.00	\$13.97	\$0.7
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45		1			:	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = En 9		\$73.45	\$0.00	\$17.50	\$25.85	İ	\$33.74	\$1.06	\$13.97	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56		\$13.97 N/A	. 50.7
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		18.26	\$0.7
١,	Secretaria Bar Biran Bara Biran Anni					: ******	4-0.20			000	(FRV)	. 40.7
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	20102							1		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$24,37	\$13.14	\$0.00	\$3.21	\$4.24	\$0.00	\$3.78		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$177.06	\$84.65	\$0.00	\$20.71	\$27.33	\$0.00	\$24.34	\$1.06	\$18.26	\$0.7
18	Qriny Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.7422</u> \$147.48		1				1		i
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	\$0.7
	Quarterly Per Diem Add-on Amounts	•							:	730	4.3,20	\$52.1
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			** **	Academic
21	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$3.69	\$3.69	Ψ0,00	90.22	\$0.00	φυ.υυ	\$0.00	:	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$4.42	\$4.42		1		1		i		
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	ψ-1.42.					\$0.00	1 :		
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	\$0.0
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	\$0.0
20.0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.17			<u> </u>	7	40.00	42-104	\$1.55	¥10.20	90.7

Provider			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data	-	Facility Specific	State- wide
Prvdr ID				owth Allowance:	N/A	18.37%			d Overall CMI		1.2494	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q ors per On-Site Day/Q	Itrly BIMS score	46.8% 2.69	5.5% 3.0%	044. 44		Medicaid CMI		1.6520	1.5438
			is per on-one payro		2.09	3.076	чину меак	I CMI w RUG V	wgnt Options:	•	1.6824	1.5713
Line		Sources /		Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
			а	b	С	d	е	f	9	g	h	1
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups	(see Policy Manual)		1	. 1	2	1					
	Type of Facility within Peer Group	(see Fully Matitual)		All Facilities	•	Free Standing	7 All Facilities	All Facilities	All Facilities			•
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits				•	1		1	1	!		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4 : Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Rouline & Special Srvcs 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 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	1 1	\$1,992	\$2,279	(\$10,145)		(\$15,953)	\$19,939
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0		\$177,505		\$380,574		\$241,455	\$19,939 \$19,939
8 ;	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786		•		****	4200,		4.0,570	Ψ241,455	\$15,505
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days	,,,,,,	:		1		1	:	20.565		
9 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$156.54	\$80.99	\$0.00	\$16.09	\$21,40	(with L&H)	\$21,40		\$13.58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494	•	1	4		\$2,7,40	Ψ1.55	\$15.50	\$1.12
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82		1						
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.82	\$0.00	\$16.09	\$21,40		\$21,40	\$1.96	\$13.58	\$1,12
13 Pe	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	Ψ1.72
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40	i	\$20.56		8.72	\$1.12
! ! Ouar	terly Per Diem Rate Prior to Add-ons		· :			: !					(FRV)	ψ <u>.</u>
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	600.50	544.04		1 10000						
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$22.58 \$157.25	\$11.91	\$0.00	\$2.96	\$3.93	\$0.00			N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$157.25	\$76.73	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
,	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		1.6824					:	:		
1	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlbr = Ln 16	\$209,61	\$129.09 \$129.09	\$0.00	\$19.05	\$25.33	\$0.00	\$24.34	£4.00	#0 #0	
	•		4203.01	\$123.03	\$0.00	\$15.00	\$20.55	\$0.00	\$24.34	\$1.96	\$8.72	\$1.12
	terly Per Diem Add-on Amounts					:		i				
	iciency 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	
	MS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.10	*		:						
	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.87	\$3.87		:						•
	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
	al 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 Quar	terly 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 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.31							·		

Provid Prvdr	rID: 00142612A		Add-on Data and	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (0 Base Period	CMI) Data d Overall CMI:		Facility Specific 1.2794	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Q urs per On-Site Day/Q	trly BIMS score uality Incentive:	53.0% 2.80	5.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.4420 1.4681	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
		:	: а	b	C	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS				:	!						
1 0	ost Center Peer Groups	(see Policy Manual)	:	1	1	2	1	1	1			
į	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			•
P	eer Group Standards & Efficiency Measure Limits			l f	:					1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 !	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	:		•
В	ase Period Per Diem Allowed Amounts				:			i				
5	As Filed Cost Center Costs (Routine & Special Stycs 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 Adjstmts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)			1	(\$259,981)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0		\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	,
8	Total Nursing Facility Days As Filed Days = 36,622	FY12 Audited C/R Days	36.622				**	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.2,000	404,700	, 421,012
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rot Days			I			i i		31.325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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			******	: '			40.00	Ψ0.5.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09	:	1				1		[
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1,37	\$0.95	\$0.59
13	Per Diern Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. 40.00
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	\$0.59
	to and a Book and a Bo	· ·				1 111	•	:			(FRV)	•
	luarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				1				1		!
	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.19	\$8.83	\$0.00	\$2.40	\$3.13	\$0.00	\$2.83	N/A	N/A	N/A
17 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$120.27	\$56.92	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
18	Qrthy Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4681		:		1	[
1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16		\$83.56								i
.5	Country monitors of the Michael Lei Digiti	173 - Eli 16, AllOllil - Eli 16	\$146.91	\$83.56	\$0.00	\$15.47	\$20.16	\$0.00	\$18.22	\$1.37	\$7.54	\$0.59
Q	uarterly Per Diem Add-on Amounts	i	1									
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	:
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.60	\$4.60								
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.51	\$2.51					1			
23	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 Q	uarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$172.65	\$91.20	\$0.00	\$15.69	\$20.57	\$0.00	\$35.69	\$1.37	\$7.54	
26 0	uarterly Per Diem Rate for Bed Hold and Leave Days	{Ln 25 - Ln 23) * 0.75	\$116.66			·				·		į

Provide	· · · · · · · · · · · · · · · · · · ·		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvár II	D: 00140104A Case Mix Per Diem Rate Effective Date:	41410004		with Allowance:	N/A	18.37%			d Overall CMI:		1.3806	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	urs per On∙Site Day/Q	Itrly BIMS score uality Incentive:	30.2% 3.21	2.5% 3.0%	Ortrly Meale	Quarterly i CMI w RUG I	Medicaid CMI; Wght Options:		1.6768 1.7095	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		<u> </u>	а	b	C	d	e	f	q	q	b	i
CASE	MIX BASED RATE CALCULATIONS					:			:			
1 Cos	st Center Peer Groups	(see Policy Manual)		1	1	. 2	1	1	1	i		
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pee	er Group Standards & Efficiency Measure Limits	:		i					1	1		
	eer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	leer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%	1 :		
4	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	j		
Bas	se Period Per Diem Allowed Amounts	1		i.		1		j		:		
5 A:	s Filed Cost Center Costs (Rouline & Special Srvcs 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
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	\$0	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
	ost 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			1		1	i			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days				1		1		23,000		
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1		į.		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60		:		1	>			
	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19.07		\$17.31	\$7.95	\$7.54	\$1.02
	er Diem Standards (After Statewide CMA for Routine Sivcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55.60	\$0.00	\$13.15	\$19.07	I	\$17.31	\$7.95	8.92	\$1.02
Qua	arterly Per Diem Rate Prior to Add-ons	; ·		!		1			•	1	(FRV)) }
	Frowth 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 C	MA 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 Qlr End	4	1.7095		1	44.01	. 45.00	020.40	47.55	J0.52	φ1.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.50		. :						
19 Q	luarterly 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
Qua	arterly Per Diem Add-on Amounts								:			•
	fficiency 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	
	IMS Add-on Per Diem = 2.5% (to Rouline Srvs)	Ln 19 Cal b x CPS Add-on	\$2.81	\$2.81	. 45,00	70.22	40.41		40.51	1	φυ.υυ	
22 N	lurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Cot b x Stfng Add-on	\$3.38	\$3,38								
	lursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17,10			
24 To	otal 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 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.84	\$119.22	\$0.00		\$22.98	\$0.00	\$37.96	\$7.95	\$8.92	\$1.02
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.56	:		.i			<u>(</u>	<u>.</u>		
3	<u> </u>	i i		•								

	rovider: PruittHealth - Athens Heritage, LLC rvdr ID: 00141391A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance:	Score N/A 25.0% 3.40	Add-on <u>Percent</u> 18.37% 1.0% 5.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.6031 1.6026 1.6309	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
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	FY12 Audited C/R Days	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Ln 9 / Ln 10		1.6031								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$59.83 \$59.83	\$0.00	045.00	\$29.30		#00.00	\$7.46	#40.50	\$3.40
12 13	-	per Peer Group Limits		\$59.83 \$71.51	\$0.00	\$15.92 \$18.41	\$29.30		\$26.08 \$20.56	\$0.00	\$10.52 N/A	\$3.40
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.45	\$71.51 \$59.83	\$0.00	\$18.41 \$15.92	\$23.09		\$20.56	\$7.46	17.19	\$3.40
14	Base Fellou Case Mix Adjusted Allowed Fel Dietil	EGSSOT OF EIT 12 OF EIT 10	\$147.45	φ39.03	φυ.υυ	\$13.92	φ23.09		φ20.50	\$7.40	(FRV)	φ3.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	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 per Current Qtr End	\$169.38	\$70.82	\$0.00	\$18.84	\$27.33	\$0.00	\$24.34	\$7.46	\$17.19	\$3.40
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		1.6309 \$115.50								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 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
	,		·								·	
20	Quarterly Per Diem Add-on Amounts 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 Srvs		\$1.16	\$0.55 \$1.16	φυ.υυ	φυ.∠∠	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ5 0					\$17.10			
24		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			1			I		I.	

Provid	•		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr	ID: 00059463A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score uality Incentive:	N/A 16.4% 2.95	18.37% 0.0% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.4445 1.5913 1.6201	1.3617 1.5438 1.5713
Line #	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refaled	Taxes and Insurance
	, , , , , , , , , , , , , , , , , , ,		а	b	С	d	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS	,				:			1			
3 Cc	ost Center Peer Groups	(see Policy Manual)		1		2	1			1 1		
, 00	Type of Facility within Peer Group	(see Folicy Mailuar)		All Facilities	All Facilities	Free Standing	T All Facilities	All Facilities	: 1 All Facilities			1
. :	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			1
Pe	er Group Standards & Efficiency Measure Limits	· · · · · · · · · · · · · · · · · · ·				1						
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		i
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Ва	se Period Per Diem Allowed Amounts			i į					•			i .
5 /	As Filed Cost Center Costs (Rouline & Special Srvcs 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 Adjstmts	(\$115,918)		\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	1
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	SO.	\$502,660	\$318,357	\$274,833	,	' !	\$316,333	1
8	Total Nursing Facility Days As Filed Days = 33,329	FY12 Audited C/R Days	33.329		•	:	40.10,007	121 11000		O L (0,00)	Ψο 10,000	440,501
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 29,845	FY 18 GL-Pt. Ins Rpt Days		:		:				29,845		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col s	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51		\$9.49	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4445			4			45.55	4 0.10	
11 :	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29		:		1		1		1
12 /	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 : E	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	\$1.3
_	and all Bar Bland Balance Add	:				!		:		1	(FRV)	
	uarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	En 14 x Grwth Allwing %	404.00			; i				1		1
	Growth Allowance Percentage = <u>18.37%</u> CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$21.06	\$11.44	\$0.00		\$3.27	\$0.00	\$3.58	•	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$154.54	\$73.73	\$0.00	\$17.85	\$21.07	\$0.00	\$23.09	\$8.06	\$9.36	\$1.38
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.6201</u> \$119.45		1				1		}
	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	20.00	
	•	7.5 - EN 75, ABOMA - EN 15	\$200.20	. 9119.45	40.00	\$17.05	\$21.07	\$0,00	\$23.09	\$8.06	\$9.36	\$1.38
	rarterly Per Diem Add-on Amounts					1		:	•			1
	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	1	\$0.00	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00		:		:	1			i
	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.58	\$3.58		:		:	•			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		<u> </u>			\$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 Qı	uarterly 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 Oı	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.03	·	•	i		etone e				

1	rovider. PruittHealth Augusta Hills		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data	_	Facility Specific	State- wide
P	rvdr ID: 00245055A	41410004		wth Allowance:	N/A	18.37%			Overall CMI		1.4845	1.3617
i I	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	rs per On-Site Day/Q	trly BIMS score uality Incentive:	39.7% 3.00	2,5% 3.0%	Ortrly Moaid	Quarterly M CMI w RUG V	Aedicaid CMI Vght Options		1.4924 1.5189	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
<u> </u>			а	b	С	d	е	f	g	g	ħ	i
<u>c</u>	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			
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits										i	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	· :	50.0%		!	
. 3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	į :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
!	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs 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 Adjstmts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)		(\$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		:					1	1,	400,000
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days			<u>'</u>					30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1					40.00	V 1.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02		1				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		N/A	4
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	\$1.60
:	Quarterly Per Diem Rate Prior to Add-ons									1	(FRV)	
15	t · · · · ·	Ln 14 x Grwth Allwnc %	\$20.96	\$11.03	\$0.00	\$2.99	\$3.71	\$0.00	\$3.23	N/A		
16	, — — ·	Ln 14 + Ln 15	\$155.61	\$71.05	\$0.00		\$23.90	\$0.00	\$3.23 \$20.79		N/A	N/A \$1.60
17		per Current Otr End	Ψ100.01	1.5189	Ψ0.00	Ψ 15.27	φ20.30	30.00	\$20.78	\$9.90	\$9.04	\$1.60
18	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17		\$107.92		1				1		
19		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
	Overtoris Box Diox Add as Assessed					1	•		V		00.04	Ψ1.00
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.50	60.50	40.00					1	_	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.70	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	
22	· ·	Ln 19 Col b x Sting Add-on	\$2.70 \$3.24	\$2.70 \$3.24		· · · · · · · · · · · · · · · · · · ·					1	
23	,,	(Fixed Amount)	\$3.24 \$17.10	\$3.24				:	647.40			
24		Sum of Lns 20 thru 23	\$17.10	\$6.47	\$0.00	\$0.22	\$0.41	60.00	\$17.10		***	ma
25		Ln 19 + Ln 24				-		\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
-		CH 19 7 LH Z4	\$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									

	ovider: PruittHealth - Austell vdr ID: 00059276A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 28.3% 3.08	Add-on <u>Percent</u> 18.37% 1.0% 6.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5684 1.6377 1.6687	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	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5684								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		<u>1.6687</u>								
18	Qrtrly Routine Srvcs 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.12	\$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.73	\$6.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				<u>.</u>		\$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									

Provider: PruittHealth - Blue Ridge, LLC		Add-on Data and		Facility Score	Add-on Percent	_ Case	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00140973A Case Mix Per Diem Rate Effe MDS & Nurse Hrs Data per Quart			owth Allowance: trly BIMS score wality Incentive:		18.37% 2.5% 3.0%	Ortrly Moaid	Quarterly I	l Overall CMI; Medicaid CMI; Wght Options:		1.5336 1.5277 1.5552	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
		а	b	C	ď	е	f	g	g	h	ı
CASE MIX BASED RATE CALCULATIONS							:	i	1 1		
1 Cast Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			! !
Peer Group Standards & Efficiency Measure Limits	1						:	!			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts			:		1			İ	1		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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	\$60
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)				(\$13,877)				\$140,527 (\$46,929)	-
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	,	\$0		\$369,470	\$366,440		\$243,003	(\$46,929) \$93,598	\$41,540
8 Total Nursing Facility Days As Filed Days = 35,33	2 FY12 Audited C/R Days	35,332		:	4020,101	4005,410	, 4500, 11,5	, 9102,200	Ψ2-13,003	393,390	, 441,040
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,94	5 FY 18 GL-PL ins Rpt Days				: i				34,945		1
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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						1	42.00	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,57						1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	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	I	\$20.56	\$6.95	7.97	\$1.18
Quarterly Per Diem Rate Prior to Add-ons			:	:	į .		i	; 	1	(FRV)	,
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.53	\$10.21	\$0.00	\$2.71	\$3.83	\$0.00	60.70			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.32	\$65.78	\$0.00		\$3.63 \$24.66	\$0.00	\$3.78 \$24,34	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$140.52	1.5552	\$0.00	317.44	\$24.00	\$0.00	324,34	\$6.95	\$7.97	\$1.18
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102,30						1		
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		•								4,,,,,	
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	£0.00	to 00	70 44			·		
21 BIMS Add-on Per Diem = 2.5% (to Ro	, , , ,	\$2.56	\$2,56	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07	:	: :		: 		:		:
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 40,07	i				\$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	-	\$25.07	\$0.00	\$41.44	\$6.95	\$7.97	\$0.00
			¥.55,70	1 40.00	. 411.00	420.01	30.00	→1.44	\$0.35	\$1.97	\$1.10
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72									

1 .	ovider: PruittHealth - Brookhaven outri ID: 00140115A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 24.4% 3.38	Add-on <u>Percent</u> 18.37% 1.0% 4.0%			l Overall CMI: Medicaid CMI:		Facility Specific 1.6566 1.7234 1.7550	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11. AllOthr = Ln 9		\$68.30	\$0.00	¢40.00	#20.04		604.47	67.44	£40.47	#0.0 5
12 13	Net Per Diems after Case Mix Adjstmt to Routine Stross	per Peer Group Limits		\$68.30 \$71.51	\$0.00	\$18.06 \$18.41	\$20.81 \$23.09		\$24.47 \$20.56	\$7.11 \$0.00	\$13.17 N/A	\$2.35
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) 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	\$2.35
'-	Base Fellod Gase Min Adjusted Allowed Fel Bielli	255557 57 217 12 57 217 10	ψ140.00	ψ00.50	ψ0.00	ψ10.00	Ψ20.01		Ψ20.30	Ψ7.11	(FRV)	Ψ2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$23.47	\$12.55	\$0.00	\$3.32	\$3.82	\$0.00	\$3.78	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$172.42	\$80.85 1.7550	\$0.00	\$21.38	\$24.63	\$0.00	\$24.34	\$7.11	\$11.76	\$2.35
18	Qrtrly Routine Srvcs 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.42	\$1.42			,		, , , , ,		,. ,.	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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			,				"		

1	rovider: Pruitt Covington rvdr ID: 00265196A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<u>Add</u> 1/1/2021 09/30/20 Nurse Hours per 0	Qtr	th Allowance: ly BIMS score	28.0%	Add-on Percent 18,37% 1,0% 3,0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3923 1,5900 1,6183	State- wide 1,4014 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
\vdash			a	ь	С	d	е	1	g		h	i
<u>C</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts								}			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	so	\$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 Adjstmts	(\$101.487)	so	\$0	\$0	\$0	\$0	(\$101,428)	4	(\$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					, ,	V,		0.0.,	4 10,00
	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 Srvcs	Ln 7 / Ln 8 Cola	\$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		,		, ,	V		0.0	\$1.5 1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60,10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19.52	\$23.55		\$24,02	\$0.00	N/A	4.10 .
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	\$1.61
											(FRV)	
41	Quarterly Per Diem Rate Prior to Add-ons	In the Court all										
15 16	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
17	CMA Allowed Per Diem (After Growth Altowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Otr End	\$165,09	\$71.14	\$0.00	\$20,86	\$27.88	\$0.00	\$25,96	\$7,06	\$10.58	\$1.61
18	· · · · ·	Ln 16 x Ln 17		1,6183								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$000.00	\$115,13		#nn nn	***	****	****			
19	Guarieny medicaid OMM Allowed Fell Dietit	(2) = E1 10' WIO/IR = E1 10	\$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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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		<u> </u>	1		I	1			
		1	7.50	i								

Provider: PruittHealth - Crestwood		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00140764A			owth Allowance:	N/A	18.37%			Overall CMI:	•	1.5323	1.3617
Case Mix Per Diem Rate Effective Date			tirly BIMS score	48.2%	5.5%			Medicaid CMI:		1.6913	1.5438
MDS & Nurse Hrs Data per Quarter Ending	: 09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.55	3.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1.7251	1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·		а	<u> </u>	С	ď	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS							:				
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	f	1	1		1	
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1	!	
Bed Size Range within Peer Group			All Bed Sizes		All Bod Sizes	All Bed Sizes		All Bed Sizes		İ	
Peer Group Standards & Efficiency Measure Limits	!		:								
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%		'	
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		!	
Base Period Per Diem Allowed Amounts					: !				1		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 qtrs of FY12		1.5323								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54				i	•			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	l I	\$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	\$0.92
Quarterly Per Diem Rate Prior to Add-ons	;		:		1		! !	:		(FRV)	
15 Growth Allowance Percentage = 18,37%	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		\$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 Ofr End		1.7251	40.00		420.02	40.00	Ψ21.00	\$7.51	φ0.44 ·	Φ0.92
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.50					:	1		
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			1		:						42,00
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 Srvs)		\$6.46	\$6.46	40.00	90.22	\$0, 4 1	\$0.00	30,37	,	Φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diern : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.53	\$3.53		: 1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		!	\$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	\$17.10	\$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	58.44	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	£452.00						700.01	4	40.44	40.32
20 Acestery i et blein cate foi bed note and Leave Days	(LR 20 - LR 20) U.70	\$153.05									

	ovider: PruittHealth - Decatur vdr ID: 00252942A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 32.6% 3.42	Add-on <u>Percent</u> 18.37% 2.5% 2.0%		Quarterly N	MI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4114 1.5297 1.5551	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	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)	\$601,272	(\$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	FY12 Audited C/R Days	49,032									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL Ins Rpt Days								49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4114</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(1714)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5551</u>								
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	<u> </u>							<u> </u>	

Provider: PruittHealth- East: Prodr ID: 00140687A	side Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		wth Allowance: trly BIMS score	24,7%	Add-on Percent 18.37% 1.0% 2.0%		Quarterly	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwde 1,3555 1,3790	State- wide 1,4014 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
<u> </u>			а	b	c	ď	e	f	g		h	i
CASE MIX BASED RATE CAL	CULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	,	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 & Efficien Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (s	, *	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed A	mounts											
5 As Filed Cost Center Costs (Roul	line & Special Srvcs Combined)	As Filed t2/31/14 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	so so
6 Audit Adjustments and Reallocation	ons to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	\$0	\$0	so	\$0	\$0	(\$269,785)		(\$16,881)	\$16,881
7 Cost Center Costs After Audit Adj	uslments	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 A	Adjstmt to Routine Srvcs	£n7/Ln8 Cola	\$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 II	ndex for All Residents	from 4 qtrs of FY10		<u>1,4014</u>								
11 Routine Srvcs Case Mix Adjstd	(CMA) Net Per Diem	£n 9/Ln 10		\$65,58								
12 Net Per Diems after Case Mix Adj	stmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65,58	\$0.00	\$16,58	\$28,18	Į	\$27,25	\$8.21	\$3,94	\$1.22
13 Per Diem Standards (After Statewid	e CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19,52	\$23.55		\$24.02		N/A	
14 Base Period Case Mix Adjusted A	llowed 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	\$1.22
Quarterly Per Diem Rate Prior to	Add-ons	:						j			(FRV)	
15 Growth Allowance Percentage =	<u>18,4%</u>	Ln 14 x Grwth Allwnc %	\$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 Grow	vth Allowance Add-on)	Ln 14 + En 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 Inde	x for Medicaid Residents	per Current Otr End		1,3790				, , , , ,		1	· · · · · ·	ļ ,,,,,,
18 Qrtrly Routine Srvcs Case Mix A	djstd (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 Amou	unts	•										
20 Efficiency Add-on Per Diem ([Stee		(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 Srvs)	En 19 Col b x CPS Add-on	\$1.07	\$1.07	\$5.50	40,22			\$0.00		30.00	
22 Nurse Staff Hrs / Quality Add-on F	Per Diem = 2.0% (la Routine Srvcs)	En 19 Col b x Sting 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 Di	em 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
;	Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.75					L	1	1	4	1

	rovider: PruittHealth - Fairburn, LLC rvdr ID: 00142997A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			wth Allowance: trly BIMS score	Facility Score N/A 18.2% 3.32	Add-on <u>Percent</u> 18.37% 0.0% 4.0%	Case	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4922 1.5846 1.6121	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	rate (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Paried Pay Diem Allaward America											
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)	ψ137, <u>2</u> 30	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
13	,	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										(FRV)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6121</u>								
18	Qrtrly Routine Srvcs 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		(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 Srvs	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$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			"				<u>'</u>	•	

	A			Facility Score N/A	Add-on Percent	Cas				Facility Specific	State- wide 1,3699
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per	Qtr	ly BIMS score	34,6% 2,90	2.5% 3.0%	Ortrly Meald	Quarterly I	Medicaid CMI:		1.5660 1.5947	1.5438 1.5713
Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
ASE MIX BASED RATE CALCULATIONS							:				
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Niem Allowed Amounts			·								
	As Filed FY13 C/R	\$2,195,341	\$951,618	SO.	\$178 911	\$121.063	\$245.723	\$305 363	\$187.666	\$114.007	\$0
Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts			• •					\$167,000		\$12,854
Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	1		\$187,666		\$12,854
Total Nursing Facility Days As Filed Days = 13,166	FY13 Audited C/R Days	13,166	·					*	****		472,007
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days						t.		23,941		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Lri 7 / Ln 8 Gol a	\$155.53	\$72.13	\$0.00	\$13,59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7,92	\$0.98
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807								
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56,32								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,32	\$0.00	\$13,59	\$27.86		\$25,21	\$7.84	\$7.92	\$0.98
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0,00	\$19,14	\$23.27	-	\$23.46	\$0.00	N/A	
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	1 1 2 3	\$23,46	\$7.84	11.53 <i>(FRV)</i>	\$0.98
	Ln 14 x Grwth Allwne %	\$21.43	\$10.35	\$0.00	\$2.50	\$4.97	\$0.00	64.21	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$158.42	\$66.67	\$0.00	i .		3	ì	1		\$0.98
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1,5947	40.00	1 410,00	Q2.1,04		921,111	J7.04	411.00	\$0.55
Ortrly Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17						1				
Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 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							1				
· · ·	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		50.00	
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66	72.00	¥5,66	\$5.00	. 40,00	φυ.υυ		50.00	
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.19	\$3.19				: ;				
Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
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
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
					1		1				
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description ASE MIX BASED RATE CALCULATIONS 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 & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 13,166 Total Nursing Facility Days As Filed Days = 23,941 Net Per Diems prior to Case Mix Adjstmt to Routine Sives Base Period Facility Gase Mix Index for All Residents Routine Sives Case Mix Adjstmt to Routine Sives Base Period Case Mix Adjstmt to Routine Sives Per Diems after Case Mix Adjstmt to Routine Sives Base Period Case Mix Adjsted CMA for Routine Sives Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18,37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrity Routine Sives Case Mix Adjstd (CMA) Net Per Diem Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Stnd- Alwd) x. 75, up to max, or 0) BIMS Add-on Per Diem = 2,55% (to Routine Sives) Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Sives) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Case Mix Per Diem Rate Elfective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Case Mix BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range Within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Bed Size Range Within Peer Group Bed Size Range Within Peer Group Bed Size Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Manual) (see Pelicy Diany Bry 13 C/R Pry13 C/R Audited C/R Pry13 C/R Pry13 C/R Pry13 C/R Pry13 C/R Pry13 C/R Audited C/R Pry13 C/R Pry	Case Mix Per Diem Rate Effective Date: Old 10/20	Case Mix Per Diem Rate Effective Date: MOS & Nurse Hrs Data per Quarter Ending: Os/30/20 Nurse Hours per On-Site Day/Quality Incentives	Case Mix Par Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 00/10/12/1 Nurse Hours per On-Site Day/Quality Incentive: 2.90	Assemulation And de-no Data and Percentiones Score Percent Description Case Mix Per Diem Rate Effective Date: MOS & Nurse Hiro Data per Quarter Ending: 09/30/20 Nurse Hours per On-Site Day/Quality Incentive: 2.59 3.6% 2.5% 3.6% 2.5% 3.6% 2.5% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0% 3.6% 2.5% 3.0%<	Description	Accordance Acc	According Print	Add	Add

	PruittHealth - Fort Oglethorpe		Add-on Data and F		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivario; (Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 No		wth Allowance: rly BIMS score rality Incentive:	N/A 22.8% 3.73	18.37% 1.0% 1.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI; Wght Options;		1.3512 1.3160 1.3365	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Rautine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	ď	е	f	g	9	h	ı
CASE MIX	BASED RATE CALCULATIONS		1							; ;		
1 Cost Cen	nter Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
and the second s	pe of Facility within Peer Group	(acc concy monath)		All Facilities	All Facilities	Free Standing	ı All Facililies	All Facilities	All Facilities	r i		
Be	d Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Gro	up Standards & Efficiency Measure Limits		1			1			:			1
2 Peer Gr	roup Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
	roup Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Efficient	cy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		:
Base Per	iod Per Diem Allowed Amounts					1			t .			
5 As Filed	Cost Center Costs (Routine & Special Srvcs 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	. 50
6 Audit Ad	diustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmb		(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)	Ψ200,111	(\$47,482)	,
7 Cost Ce	enter 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		40,100,110	40	3311,140	4407,000	\$210,704	4032,302	\$200,717	\$210,007	\$40,472
Total	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Day				1				40,031		
9 Net Per	Diems prior to Case Mix Adjstmt to Routine Srvcs	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
1	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3512	40.00		\$10.01		\$10.50	Ψ7.21	\$3.30	. .
11 Routi	ine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$57.31		1			1			
	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln	9	\$57.31	\$0.00	\$14.15	\$18,31		\$16.98	\$7,21	\$5.36	. \$1,19
13 Per Diei	m Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$3.30 N/A	
	eriod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$122.73	\$57,31	\$0.00	\$14,15	\$18.31		\$16.98	\$7.21	7.58	\$1.19
			1		42,00		\$10.01	<u> </u>	Ψ10.50	Ψ1.21	(FRV)	φ1.18 :
	Per Diem Rate Prior to Add-ons					i i		1			,	:
:	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
	lowed 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
	terly Facility Case Mix Index for Medicaid Residents	per Current QIr End	1	<u>1.3365</u>		1		1				:
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.67		:		İ				
to Quarten	ly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 1	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					1						
20 Efficiend	cy 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 A	dd-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-o	п \$0.91	\$0.91					, , , ,		\$3.00	i.
22 Nurse S	Staff Hrs / Quality Add-on Per Diem: 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-c	n \$0.91	\$0.91		1		•	1			
23 Nursing	Home Provider Fee	(Fixed Amount)	\$17.10	ì		1			\$17.10			!
24 Total Qı	uarterly 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			l		·			7.700	

	rovider: PruittHealth - Franklin, Inc		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hor		owth Allowance: trly BIMS score wality Incentive:	N/A 37.1% 2.87	18.37% 2.5% 3.0%	Qrtrly Mcaid		f Overall CMI: Medicaid CMI: Wght Options:		1,4254 1,4145 1,4386	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С С	d l	е	f	9	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		; ·			: .			i		į.	į
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1					
	Type of Facility within Peer Group	, , ,	:	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	i :		
	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		1			1				!		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%) i		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	İ	105.0%	[:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts			!		1		:				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,162)		\$0	\$0	\$0	\$0	(\$67,064)			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772		\$0	\$346,539	\$170.758	\$218,504	\$541,164	\$187,666	(\$17,107) \$208,159	\$17,10° \$17,10°
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623	42,0	. 40	4040,033	\$110,100	\$210,504	\$341,104	4107,1010	\$200,159	\$17,10
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days	1			1				24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.4254		. 413.02	\$10.15	(1410) (101)	₽Z1.1Z	\$1.73	⊅0.12	\$0.6
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.07		<u> </u>		:	!	1	!	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.07	\$0.00	\$13.52	\$15,19		\$21.12	\$7,73	\$8.12	\$0.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$6.12 N/A :	20.0
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	
				400.07	00.00	\$13.32	Ψ10.15	ĺ	\$20.00	\$1.13	9.71 . (FRV) :	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons					1		I		i j	11117	
15		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	\$0.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4386						i	:	
18	Orlrly Routine Srvcs 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	\$0.6
	Quarterly 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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39	40.00	. 40.22	40,41	φυ.00	, po.uc		\$U.UU	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.86	\$2.86					\ :			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7=.00					\$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	\$0.00
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.74			:	+.0.00	42.00	. ++1	71.10	95.11	əv.0.

Provider: PruittHealth-Greenville		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00140038A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: htrly BIMS score luality Incentive:	38.0%	18.37% 2.5% 2.0%	Ortrly Meaid	Quarterly 8	d Overall CMI: Medicaid CMI: Wght Options:		1.4082 1.3329 1.3562	1.3617 1.5438 1.5713
Line Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	е	f	9	g	h	ì
CASE MIX BASED RATE CALCULATIONS				İ				<u>}</u>	:		
1 Cost Center Peer Groups	(see Policy Manual)		. 1	4	2	4	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	1 1	i	All Bad Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits		*									
2 Peer Group Standards: Percentile	(see Policy Manual)	[90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	1		:		:				:		i ! !
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$119,843)	(\$2,796)		\$0	(\$5,053)	(\$4,682)			(\$61,050)	1
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 \$57,239
8 Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395			1		444.14.12	4707,000	427.1,070	Ψ2-10,30-1	901,203
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days	!			: :				33,930		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	1.4082			*10.22	,,	, Q20. 27	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0.02	Ψ1.01
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72		;				1 :		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Statewide CMA for Routine Stycs)	per Peer Group Limits	1	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	, 41.01
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
Outstand Ban Dian Data Data Add							,			(FRV)	1
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %		:						1		!
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwiii Aliwiic 76	\$19.45	\$9.87	\$0.00	\$2.38	\$3.48	\$0.00	\$3.72	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$144.73	\$63.59	\$0.00	\$15.34	\$22.40	\$0.00	\$23.99	\$8.01	\$9.83	\$1.57
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		<u>1.3562</u>	ĺ	: ;			:			<u>!</u>
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.38	\$86.24 \$86.24	\$0.00	\$15.34	***	40.00	1			1
To additing medicine only institute it is being	110 - 211 10, 7110411 - 211 10	00.101	\$00.24	\$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 ([Sind - 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 Srvs	· ,	\$2.16	\$2.16					!			
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.72	\$1.72	1	;		ı				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10		1				\$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	1		·			•	L		
	(ER 20 - ER 20) 0.75	\$129.48									

Provider	•		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	: 00143052A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: htdy BIMS score ruality Incentive:	N/A 27.1% 3.42	18.37% 1.0% 3.0%	Ortrly Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.3383 1.3606 1.3853	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
·			а	b	С	ď	е	f	<u>.</u> g	g	h	i
CASE	MIX BASED RATE CALCULATIONS					1		<u>}</u>	1	1		
1 Cost	Center Peer Groups	(see Policy Manual)		1	1	2	1) •	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(acc v oney manualy		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits									1		
2 Per	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	1		
4 . Eff	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Base	Period Per Diem Allowed Amounts			:		1		i !		1		
5 As	Filed Cost Center Costs (Routine & Special Srvcs 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)	1 To 1	(\$23,339)	
	st 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
	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575							i i		
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days				1			:	22,296		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.3383		:) [
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34		:		1	:			
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.34	\$0.00	\$13.25	\$19.26	1	\$20.34	\$7.45	\$12.20	\$1.00
	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	!	\$20.56	\$0.00	N/A	
:	se 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
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.24		.	***						
	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwai Aliwiic %	\$20.24 \$146.94	\$10.53 \$67.87	\$0.00 \$0.00	\$2.43	\$3.54	\$0.00	\$3.74		N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$146,94	:	\$0.00	\$15.68	\$22.80	\$0.00	\$24.08	\$7.45	\$8.06	\$1.00
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.3853 \$94.02		1			:	1		
	arterly 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
Quar	terly Per Diem Add-on Amounts			·		1						
	iciency Add-on Per Diem ([Stnd - 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 BIN	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94		:	42411			1	\$3.00	
22 Nui	rse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.82	\$2.82		1			I	1		:
23 Nui	rsing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24 Tot	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thrs 23	\$22.18	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25 Quar	terly 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 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.63	:					·	·		·

	ittHealth -Holly Hill		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr ID: 0014	I1479A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance; Irly BIMS score pality Incentive:	N/A 18.3% 3.68	18.37% 0.0% 3.0%	Ortrly Meaid		l Overall CMI; ledicaid CMI; Vght Options:		1,4465 1.3385 1.3589	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g	9	h	i
CASE MIX BA	SED RATE CALCULATIONS											
1 Cost Center P	Peer Groups	(see Policy Manual)		1	1	2	1	1		1		! !
, -,	Facility within Peer Group a Rango within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			 - -
Peer Group S	tandards & Efficiency Measure Limits									1		
•	Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Standards: Multiplier easure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	·	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Allowed Amounts	1				1						i i
	t Center Costs (Routine & Special Srvcs 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
	ments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)	i i	(\$21,364)	\$20,871
	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
	sing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903			1		1	•			
	sing Facility Days GL-Pt, Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL fns Rpt Days				:		·		30,960		
	ns prior to Case Mix Adjstmt to Routine Srvcs	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
	od Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4465</u>		1						!
	rvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47		:						
	ns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
1	andards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Dase Penod	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	\$0.65
Quarterly Per	Diem Rate Prior to Add-ons	:									(FRV)	
15 Growth Allow	vance 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	d 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
	Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.3589		1						:
	itine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.09		1				1		
19 Quarterly Me	dicaid 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	:				1					•	
	Id-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-or			\$0.00		\$0.00	Ψ0.22	φV.43	φυ.00	. JU.37		\$0.00	
22 Nurse Staff I	Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Strng Add-on	\$3.06	\$3.06							;	
	ne Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10	1		
24 Total Quarter	rly 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 Cas	e 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			······································				·		

	ovider: PruittHealth -Jasper vdr ID: 00142436A			wth Allowance: trly BIMS score	Facility Score N/A 14.6% 3.65	Add-on <u>Percent</u> 18.37% 0.0% 4.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5432 1.6487 1.6797	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
			а	b	С	d	е	f	g	g	h	i
CA	ASE 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5432</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6797</u>								
18	Ortrly Routine Srvcs 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 = 0.0%	(to Routine Srvs) 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 St	rvcs) 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								<u>.</u>	

Pro	vider: PruittHealth - Lakehaven		Add-on Data and	Percentages_	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prv	dr ID: 00141721A		Gro	wth Allowance:	N/A	18.37%			Overall CMI:	•	1,4944	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		Irly BIMS score	23.8%	1.0%			redicaid CMI:		1.7793	1.5438
	MD3 & Molse Als Data bei Quarter Entillig.	09/30/20 Nuise Hot	ırs per On-Site Day/Q	uality incentive:	3.02	3.0%	Ortrly Moaid	CMI w RUG V	Vght Options:		1.8120	1.5713
Line				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
#	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and
- :			. a	Ъ	С	d	e	f f	q	q	h	Insurance
CA	ASE MIX BASED RATE CALCULATIONS		:			:		,		9		· ·
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1		1			i
	Type of Facility within Peer Group	(coo · chay manual)		All Facilities	•	Free Standing	All Facilities	All Facilities	All Facilities	1		
. :	Bed Size Range within Peer Group			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%	i	50.0%	1 .		
3	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	!		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
	Base Period Per Diem Allowed Amounts					:		1		:		
5	As Filed Cost Center Costs (Rouline & Special Stycs 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	\$
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)	1	(\$25,340)	\$25.34
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	\$25,34
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 Srvcs	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	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	r r	<u>1,4944</u>		:		1		1		:
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	!	\$60.29				:				!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	i	\$60.29	\$0.00	\$14.64	\$16.03	:	\$18.79	\$7.12	\$4.35	\$0.8
13	Per Diem Standards (Alter Statewide CMA for Routine Stres)	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	\$0.8
,	Quarterly Per Diem Rate Prior to Add-ons		1			:					(FRV)	
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/
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.05	\$71.37	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24		\$7.21	\$0.8
17 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8120	40.00		\$10.0		VEE.ET	\$1.12	41.21	\$0.0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.32				:				1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$203.00	\$129.32	\$0.00	\$17.33	\$18.97	\$0.00	\$22.24	\$7.12	\$7.21	\$0.8
1	Quarterly Per Diem Add-on Amounts		1							i i		I !
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	i .	\$0.00	!
21	BIMS Add-on Per Diern = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29	Ç0.00	40.22	ψ <u>υ.</u> 41	40.00	90.31		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.88	\$3.88		,		:				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45.55					\$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	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$226.80	\$135.02	\$0.00	\$17.55	\$19.38	\$0.00	\$39.71	\$7.12	\$7.21	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.28			i		1		<u>:</u>		

	rovider: PruittHealth -Lafayette, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	The state of the s		Facility Specific	State- wide
Pi	rvor ID: UU254394A Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score		18.37% 1.0%			d Overall CMI:		1.2862	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q			3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.3411 1.3639	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
			а	ь	. с	d	е	f	g	9 :	h	i
C	ASE 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		All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	i	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					1		}	!			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	•	\$0.37			
	Base Period Per Diem Allowed Amounts							ļ		: :		
- 5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$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			1		1			*	*
	Total Nursing Facility Days GL-Pt. Ins., Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days				1			:	29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		i		\$ \$	İ	İ		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93				ł.				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	ĺ	\$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	;				1		!	į.	i i	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$21.24	\$11.56	\$0.00	\$2,74	\$3.48	\$0.00	\$3,46	N/A	11/4	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.47	\$74.49	\$0.00	\$17.64	\$22.44			\$8.22	N/A \$7.73	N/A \$0.65
17		per Current Qtr End	♥100. 47	1,3639	ψο.συ	\$17.04	φεε.	90.00	922.30	\$0.22	\$1.13	φ υ. 03
18		โต 16 x Ln 17		\$101.60	{	1 1		i I	:]		
19		RS = Ln 18, AllOlhr = 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							t r	:			
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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02	:	Ψ0.22	φυ.41	\$0.00	, 40.37	:	20.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.05			1		İ		1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		V	:			\$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	}							7.110	
20	woodeny i er bient Nate for bed note and Leave Days	(LH 20 + LH 23) U.75	\$139.64	:								

6	rovider: PruittHealth - Lanier		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
P	rvdr ID: 00140456A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		wth Allowance: trly BIMS score uality Incentive:	N/A 23.5% 2.84	18.37% 1.0% 3.0%	Ortrly Meald		I Overall CMI: Medicald CMI: Vght Options:		1.4690 1.6896 1.7200	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
			а	ь	C	ď	е	f	g	g	h	<u> </u>
<u>C</u>	ASE MIX BASED RATE CALCULATIONS					!			i :	1		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1			1
:	Type of Facility within Peer Group	(000 t only manual)	1	All Facilities	-	Free Standing	All Facilities	All Facilities	All Facilities	1		1
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			1
	Peer Group Standards & Efficiency Measure Limits					i		ı	İ			
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	j	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	 	\$0.37			
	Base Period Per Diem Allowed Amounts							ļ	(
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)					
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	(\$53,719) \$362,819	\$52,281 \$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430	40,000,000		0001,004	\$-100,001	\$200,200	Ψ130,014	\$201,433	\$302,019	\$32,201
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days	00,100	!		1			1	33,046		
9	Net Per Diems prior to Case Mix Adistmt to Routine Srycs	£n7/£n8Cola	\$157,10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02		\$9.44	
10	1	from 4 gtrs of FY12	VIOI.10	1.4690	\$0.00	Ψ15.04	\$11,21	(Mill) Corty	\$19.02	\$0.52	\$9.44	\$1.36
11		Լո 9 / Լո 10	1	\$59.67					1			
12		RS = Ln 11, AllQlhr = Ln 9		\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$9.44 N/A	\$1,36
14		Lesser of Ln 12 or Ln 13	\$128.53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02		N/A 8.85	
	· ·		VIES.00	400.01	Ψ0.00	¥10.04	Ψ17.27		φ19.02	\$6.52	6.65 (FRV)	\$1.36
١	Quarterly Per Diem Rate Prior to Add-ons					1		 		1	() 1(7)	
15	· · · · · · · · · · · · · · · · · · ·	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 Diern (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 QIr End	:	1.7200		(i		I .		[
18	,	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		;			1			:			
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	ļ .	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.21	\$1.21	40.00	. \$0.2Z	₩.4 E	φυ.υυ	φυ.57	1	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.64	\$3.64		!			}	1		: }
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	-		1			\$17.10	i :		i
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	\$17.10	\$0.00	\$0.00	
25		Ln 19 + Ln 24	\$223.02	\$126.86	\$0.00	\$16.60	\$20.85	\$0.00	\$39.98	\$8.52	\$8.85	\$0.00 \$1.36
				\$120.00	40.00	\$10.00	7EV.00	\$0.00	333.56	\$0.32	₹8.85	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.44									

2ND OWNER C/R

Facility Facility Add-on Provider: PruittHealth - Laurel Park Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data 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% Qrtrly 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
			а	b	С	d	е	f	g		h
CA	ASE 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 Srvcs 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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2708							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59						47.00	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	47.00	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6076							(FRV)
18	Qrtrly Routine Srvcs 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	Cogntv Perfrm Scale Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36		Ψ0.22	φ0.00		ψ0.00		107
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on		\$ 6.80							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ 0.00					\$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
23	Qualitary Dase with Daseu Fel Dielli nate	LII IV T LII LT	φ200.03	φ144.24	φυ.υυ	φ ∠ 1.19	φ21.33	φυ.υυ	φ+1.44	φ1.30	φεε.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.70								

	ovider: PruittHealth -Lilburn, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
· Pr	vdr ID: 00145527A			wth Allowance:	N/A	18.37%		Base Period	Overali CMI:		1,4971	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		irly BIMS score	44.9%	2.5%			Medicaid CMI:		1.6164	1.5438
	MOS & Noise his Data per Quarter Enoung.	09/30/20 Nuise Hou	rs per On-Site Day/Q	uality incentive:	3.60	2.0%	Ortrly Meald	CMI w RUG V	Nght Options:		1.6446	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	ď	e	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					I				;		1
:	Cost Center Peer Groups	(see Policy Manual)		1	1							1
	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	•	2 Free Standing	1 All Facilities	: 1 : All Facilities	1 All Facilities			
:	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			1
:	Peer Group Standards & Efficiency Measure Limits					:		,	!			
. 2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	l	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts									: 1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)		7 1	(\$84,953)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853		\$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				7172,023	0.220,00		4505,755	\$255,104	902,501
	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 Srvcs	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 qtrs of FY12		1.4971				,		0	\$7.01	. Ψ1.04
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,71						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. 31.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	7.38	\$1.64
	Quarterly Per Diem Rate Prior to Add-ons	;								I i	(FRV)	• • • • • • • • • • • • • • • • • • • •
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$20.29	\$10.97	\$0.00	60.60	60.55	***	40.00			
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Łn 14 + Ln 15	\$147.15	\$70.68	\$0.00	\$2.69 \$17.31	\$3,55 \$22,90	\$0.00	\$3.08	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$147.15	1.6446	Φ0.00	\$17,31	\$22.90	\$0.00	\$19.83	\$7.41	\$7.38	\$1.64
18	Ortrly Routine Srvcs 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			• • • • • • • • • • • • • • • • • • • •			422.00	40.00	Ψ10.00	\$7.41	Ψ1.35	91.04
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(non Rolley Manyal)	64.50			: :						!
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Cot b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	<u> </u>	\$0.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	En 19 Col b x Sting Add-on	\$2.91	\$2.91					İ	: 1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.32	\$2.32				i		;		:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.86	\$5.76	E0.00	60.00			\$17.10		_	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24			\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
		LII 19 7 Lii 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									

Pr	rovider: PruittHealth -Macon, LLC		Add-on Data and F	Percentages	Facility Score	Add-on Percent	Case	Mix Index (C	MI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00141908A			wth Allowance:	N/A	18.37%			Overall CMI:		1.4638	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Qt rs per On-Site Day/Qu	trly BIMS score	30.4% 3.12	2.5% 4.0%	Ortrly Moaid	,	Medicaid CMI: Vght Options:		1.6048 1.6339	1.5438 1.5713
	MDS & Nuise His Data per Quarter Enuing.	09/30/20 Nuise Hou	is per On-Site Day/Qt	dailly incertive.	5.12	4.0 /6	Qitily wcald	CIVII W HOG V	vgrit Options.		1.0009	1.5715
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bea Sizes	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: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	68,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY 18 GL-PL Ins Rpt Days								67,330		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.4638								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.94
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6339								
18	Ortrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.27	\$3.27	ψ0.00	Ψ0.22	ψ0.07	ψ0.00	ψ0.07		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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								II.	

	wider: PruittHealth - Magnolia Manor	•	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((•	Facility Specific	State- wide
PIV	dr ID: 00252007A Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: trly BIMS score	N/A 28.3%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.4894	1.3617
:	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q		3.66	3.0%	Ortrly Moaid		Wght Options:		1.5253 1.5524	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	9	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS								l			
1	Cost Center Peer Groups	(see Policy Manual)		1				_				1
	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Encilities	2 Free Standing	1 All Facilities	1 All Facilities	All Facilities	1		I
: [Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes	1			
:	Peer Group Standards & Efficiency Measure Limits	:							7, 0 4 8 0 2 2 4 8	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		1
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts	:				1				: :		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$100,020	(\$92,988)		(\$122,467)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0 \$0	\$631,420	\$339,707	\$408,626	, , ,	\$240,597	\$705,123	\$122,46
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413		•	4007,720	4000,101	\$100,0 <u>2</u> 0	. 4700,000	Ψ2-10,337	\$100,125	\$122,40
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days						1	1	32,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 ctrs of FY12		1.4894	•	1	4=0.00		42,12,	47.40	\$21.75	: 45.70
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/Ln 10		\$65.00		: i		:	1	1		1
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09	f	\$24.24	\$7,45	\$21.75	\$3.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$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	\$3.78
	Quarterly Per Diem Rate Prior to Add-ons								İ		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$23.34	\$11.94	\$0.00	62.20	64.04					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$23.34 \$189.70	\$76.94	\$0.00	\$3.38	\$4.24	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$109.70		\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$7.45	\$28.07	\$3.78
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5524</u> \$119.44		1				1		
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
			V202.25	. 4113.77	\$0.00	Q2.1.73	\$27.00	ψ0.00	\$24.34	\$7.45	\$20.07	\$3.70
	Quarterly Per Diem Add-on Amounts							! !		:		:
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Strng Add-on	\$3.58	\$3.58		1		!	1			,
24	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10					1	\$17.10			
·	Total Quarterly Per Diem Add-on Amounts		\$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						•	I		

					Facility	Add-on		Facility	State-
Provider:	PruittHealth- Marietta			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide
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%	Ortrly 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
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(,,		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Emoletoy Weddere Waximano (see line 20 to actual)	(see I olicy Maridal)		ψ0.55	ψ0.00	Ψ0.22	ψυ.+1		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)			(\$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 Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6071								
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.32	\$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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
						1		1	1	1		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$175.07

(Ln 25 - Ln 23) * 0.75

	rovider: PruittHealth - Millen rvdr ID: 00140269A Case Mix Per Diem Rate Effective D MDS & Nurse Hrs Data per Quarter End			wth Allowance: trly BIMS score	Facility Score N/A 46.6% 3.34	Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly N	:MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.5517 1.6466 1.6771	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		(**************************************		,		, .			,			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)	φ240,397	(\$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	FY12 Audited C/R Days	30,270								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	, (- ,	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	\$4.23	\$0.61
13	, ,	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 = 18.37%	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	,	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	, , <u>, , , , , , , , , , , , , , , , , </u>	per Current Qtr End		<u>1.6771</u>								
18	, , ,	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 = 5.5% (to Routine S		\$5.15	\$5.15								
22		Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75								
23	, and the second	(Fixed Amount)	\$17.10	** **	** **	20.05	** **	** *-	\$17.10	20.05	***	#2.22
24	, , , , , , , , , , , , , , , , , , ,	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									

Provider: PruittHealth - Monroe, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00141468A	414/0004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2064	1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	32.8% 3.37	2.5% 2.0%	Ortrly Meaid	Quarterly I CMI w RUG \	Medicald CMI: Wght Options:		1.3119 1.3331	1.5438 1.5713
Line Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-Pt, Insurance	Property and Related	Taxes and Insurance
		а	Ъ	С	<u>d</u>	e	f	g	q	h	insurance
CASE MIX BASED RATE CALCULATIONS			: .	***************************************			!	:	3		· '
	:		!				!	:	i		
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	. 2	1	1	1	1		
Bed Size Range within Peer Group	;		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities			
	:		All Ded Sizes	All Deti Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	İ		\$
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	0.5.051	į.				:
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%	i i		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37			: !
Base Period Per Diem Allowed Amounts			:			*****			1		
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$3.654.415.00	\$2.010.478	•		8000 040			1		
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts			\$0		\$273,019	\$299,773	\$493,783	1 1 1 1 1 1 1	\$59,842	5
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)	1	(\$17,824)	
8 Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	\$3,566,992 24,301	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,82
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days	24,301						!	[
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00		£00.54			26,782	_	
10 Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$140.03	1.2064	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.7
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26		: :			!	i f		
12 Net Per Diems after Case Mix Adjstmt to Routine Stycs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23.54	\$!	847.40	1	A	
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	•	\$71.51	\$0.00	\$18.41	\$23.09		\$17.16 \$20.56		\$1.73	\$0.7
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	ļ	\$17.16		N/A	
		4.05.10	Q00.12 0	90.00	413.00	Ψ23.03		\$17.10	\$7.40	9.69 (FRV)	\$0.7
Quarterly Per Diem Rate Prior to Add-ons	·				1				:	, ,,,,	
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) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15	\$161.78	\$80.80	\$0.00	\$15.46	\$27.33	\$0.00	\$20.31	\$7.46	\$9.69	\$0.7
	per Current Qtr End		<u>1.3331</u>				1		,		
, , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17		\$107.71								i
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	:				1		:		i i		
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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.69	\$2.69		:					-5.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15		1						
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	,		1			\$17.10	1		
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	\$0.0
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	\$0.7
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.99	· · · · · · · · · · · · · · · · · · ·		i			1.	1		

Provid Prvdr		-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pivar	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour		with Allowance: trly BIMS score uality Incentive:	N/A 24.1% 3.59	18.37% 1.0% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.4840 1.5368 1.5666	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
!			<u>a</u>	ь	C	d	е	f	g	g	h	i
CAS	E MIX BASED RATE CALCULATIONS			1					:			
1 00	ost Center Peer Groups	(see Policy Manual)		1		2	1	1	1	:		
1	Type of Facility within Peer Group	(000 t only manual)		All Facilities	. All Facilities		ı Ali Facilities	All Facilities	All Facilities			
1	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1	All Bed Sizes	[
Pe	er Group Standards & Efficiency Measure Limits	:						1				
	Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
7 : 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
Ba	ise Period Per Diem Allowed Amounts								•			
5 7	As Filed Cost Center Costs (Routine & Special Srvcs 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	S
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0		\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,02
8	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836			1		1				Ţ. <u></u> ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.4840</u>						1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$53.38				:	1	! :		
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22,76	1	\$21.93	\$7.00	\$20.91	\$0.53
	Per Diem Standards (After Statewide CMA for Routine Stros)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	ì	\$20.56	\$0.00	N/A	
14 E	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	f ;	\$20.56	\$7.00	18.56	\$0.53
Qu	uarterly Per Diem Rate Prior to Add-ons								1	į.	(FRV)	
	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	
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	N/A \$0,53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5666			V 20.04	40.00	Ψ24.54	Ψ1.00	\$10.00	. фо,ос
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.99		1		!	1	1		
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
0	earterly Per Diem Add-on Amounts	:	!			: !		!			7,0,00	:
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	¢1 nn	\$0.53	£0.00	60.00			:			:
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00 \$0.99	\$0.53	\$0.00	\$0.22	\$0.25	\$0.00	\$0.00		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.97	\$0.99								1
i	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	φ 2.3 7		:			\$17,10			
:	Fotal 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	60.00
	arterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$215.80	\$103.48	\$0.00		\$27.19	\$0.00	\$41.44	\$7.00	\$18.56	\$0.00 \$0.53
26 0	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.03			i			1	1	7.0.00	45.00

1 '	rovider: PruittHealth- Ocilla	Ac	ld-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
·	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per	Qtr	ly BIMS score	33.3%	2.5% 3.0%	Ortrly Meald	Quarterly I	Medicaid CMI: Wght Options:		1.2894 1.5972 1.6266	1,3699 1,5438 1,5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		·	a	b	С	d	e	f	g	g	h	ì
c	ASE 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	1 All Facilities			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%	All Bed Sizes	All Bed Sizes 50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	so so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$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 Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1,2894				; ;				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61,06	\$0.00	\$14.52	\$22,44	ł ;	\$22,69	\$8,65	\$8.39	\$1.00
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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 Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$139.31	\$61,06	\$0.00	\$14,52	\$22,44	000000000000000000000000000000000000000	\$22,69	\$8,65	8.95 (FRV)	\$1.00
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 (Atter Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.49	\$72,28	\$0.00	\$17.19	\$26,56		\$26,86	\$8,65	\$8.95	\$1,00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1,6266			, .==				43,50	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.57				:				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Colb x CPS Add-on	\$2.94	\$2.94	Ψ0,00		90,41	φυ,υυ	10.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-en	\$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 + £n 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		I		I		1	I		l

	rider: PruittHealth - Old Capitol		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvo	r ID: 00142304A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: strly BIMS score quality Incentive:	N/A 31.8% 2.70	18.37% 2.5% 2.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	;	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
			а	ь	£	d	е	f	9	9	h	, ,
CA	SE MIX BASED RATE CALCULATIONS							: :				
- :	Cost Center Peer Groups			i :			_		!			
' ! '	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1	2 Free Standing	1 All Facilities	1	1 1			:
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Facilities	All Facilities All Bed Sizes	d (
	Peer Group Standards & Efficiency Measure Limits				7111 000 01200	71 200 0.200	7.11 504 0.244	All Dell 0/203	All Ded Sizes			: !
2	Peer Group Standards & Emclericy measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
	Base Period Per Diem Allowed Amounts					:		1	1	1		
5	As Filed Cost Center Costs (Routine & Special Sives 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	5(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,523)		\$0 \$0	(\$1,602)	(\$4,084)	, .	(\$128,395			1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0		\$476,755	\$282,404	\$648,447	,	(\$62,054)	\$57,69 \$57,69
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401	\$2,550,000	. 50	9333,400	\$470,755	\$202,404	\$040,447	\$344,034	\$451,434	\$57,690
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL ins Rpt Days	45,401	:		1		i :		42,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11.75	\$16,72	(with L&H)	\$14.28	1	\$9.94	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.2935	ψυ.σσ	311.73	\$10.72	(mar corr)	\$14.20	\$0.01	J 9.94	\$1.2
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24				i		1		!
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11. AllOthr = En 9		\$50,24	\$0.00	\$11.75	\$16,72	1	\$14.28	\$8.01	\$9.94	\$1.2
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		99.94 N/A	, \$1.21
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	A CONTRACTOR OF THE PARTY OF TH	7.98	\$1.2
				!	:	1	4.5	1	ψ. (i.L.)	40.01	(FRV)	91,2
	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Good, All and Mr.								1		
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$17.08	\$9.23	\$0.00	\$2.16	\$3.07	\$0.00	\$2.62		N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$127.33	\$59.47	\$0.00	\$13.91	\$19.79	\$0.00	\$16.90	\$8.01	\$7.98	\$1.2
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	•	1.4473				-				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.93	\$86.07 \$86.07	\$0.00	\$13.91	\$19,79	\$0.00	\$16.90		47.00	
	· ·	110 211 10,1110 111 11	\$155.85	. 300.07	φυ.υυ	\$13.81	\$19.79	\$0.00	210.90	\$8.01	\$7.98	\$1.27
	Quarterly Per Diem Add-on Amounts			:] .			1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15		. '				1		1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.72	\$1.72		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:			\$17.10	1		
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	En 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	:		-1		<i>:</i>	/			i

Provii Prvdr	•	1/1/2021		wth Allowance: trly BIMS score	36.6%	Add-on <u>Percent</u> 18.37% 2.5% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility <u>Specific</u> 1.3544 1.5427 1.5716	State- wide 1,4014 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	í
CAS	E MIX BASED RATE CALCULATIONS											
1 6	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 F	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Ba	se Period Per Diem Allowed Amounts											
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	so	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
	ludit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	\$0	\$0	SO	\$0	\$0	(\$1,099,099)	\$501,135	(\$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							, ,	4.0.,	***,=***
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		!
9 1	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1,3544</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12 1	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53,54	\$0.00	\$13.90	\$25.55		\$17.57	\$7,58	\$8,09	\$0,62
13 F	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19,52	\$23.55		\$24.02		N/A	
14 E	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	\$0.62
Qı	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 6	Growth Allowance Percentage ≈ 18,4%	Ln 14 x Grwth Allwine %	\$19.95	\$9.84	\$0.00	\$2.55	\$4.33	\$0.00	\$3.23	N/A	N/A	N/A
16 C	MA 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 Oir End		<u>1,5716</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99,61								
19 C	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr a Ln 16	\$181.65	\$99,61	\$0.00	\$16.45	\$27.88	\$0.00	\$20.80	\$7.58	\$8.71	\$0.62
Q	uarterly Per Diem Add∙on Amounts											
1	Ifficiency Add-on Per Diem ((Strid - 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	
	SIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,49	\$2.49	72.00	Juile	\$0,00	40.00	ψ		\$0.00	
22 N	lurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.99	\$2.99								
- 1	lursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 T	otal 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 Qt	uarterly 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 Qı	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.19		I	1	1	I	J			1

	rider: PruittHealth - Peake, LLC		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			liriy BIMS score	48.5% 3.92	5.5% 3.0%	Qrtrly Moaid		Medicaid CMI:		1.4021 1.6305 1.6603	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:			а	b	С	d	е	f	g	g	h	ı
CA	SE MIX BASED RATE CALCULATIONS		•					1		:		
1 1	Cost Center Peer Groups	(see Policy Manual)	:	: 1		2	1	1				:
	Type of Facility within Peer Group	(see r oney manual)		: All Facilities	: (All Facilities	Free Standing	T All Facilities	All Facilities	1 All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	i .	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits					1		:				:
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	i .	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	i i		İ
1	Base Period Per Diem Allowed Amounts	1	! !					:	i 			
5	As Filed Cost Center Costs (Routine & Special Srycs 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	Sc.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	SO	,	(\$5,708)		(\$116,792)			1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0		\$475,692		\$804,194	\$293,529	(\$119,471)	1
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42.749	\$4,041,001		4003,703	φ41J,032	. \$410,030	\$604,194	\$293,329	\$458,487	\$112,628
1 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL Ins Rpt Days	2,143			1				41,326		
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 strs of FY12	. 4,10.54	1.4021		\$15.07	\$20.72	(Mill) LG//	\$10.01	\$1.10	\$10.73	\$2.03
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	1	\$67.53		1		4				
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$67.53	\$0.00	\$15.67	\$20.72	į	\$18.81	\$7,10	\$10.73	\$2.63
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	t t	\$20.56	\$0.00	910.73 N/A	\$2.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00		\$20.72		\$18.81	\$7.10	15.60	. \$2.63
	,				. 40.00	\$15.51	WEU.12		910.01	\$7.10	(FRV)	\$2.03
1 1	Quarterly Per Diem Rate Prior to Add-ons	:								: !	1, 1177	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$22.56	\$12.41	\$0.00		\$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 Otr End		1.6603		1						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.72		1			:	!		
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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$7.30	\$7.30					40.01	1	ψυ.συ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.98	\$3.98		4						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$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 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	6477.40	i		4		1			7.3.00	
20	addition of the trace to be noted and Leave Days	(LB 23 - LB 23) 0.75	\$177.16									

1	ovider: PruittHealth- Rome vdr ID: 299031876A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score	37.9%	Add-on Percent 18,37% 2,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3499 1.4716 1.4954	State- wide 1,4014 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	С	d	e	f	g		h	i
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility wilhin Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Fifed 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 Srvcs	Ln 7 / Ln 8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16,52	\$31.52		\$26,63	\$7.00	\$7.35	\$1,41
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0,00	\$19.52	\$23,55		\$24,02	\$0.00	\$0.00	İ
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 (FBV)	\$1.41
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Altwnc %	\$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 Otr End		<u>1.4954</u>						İ		
18	Ortrly Routine Srvcs 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 Diern ([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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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	·	\$10.96	\$1,41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.47						•	***************************************		•

FINAL

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 14.5% 3.18	Add-on Percent 18.37% 0.0% 2.0%	S	Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		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	С	d	е	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			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	\$ 288,717 40,469	\$25.51	
Allowed @ 95% of Std		\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92
Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$23.31 \$183.76	\$12.48 \$80.41 <u>1.7403</u> \$139.94		\$3.21 \$20.70	\$4.03 \$25.97		\$3,59 \$23.12	1	\$25.51 (FRV Rate)	\$0.92
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$243.29 \$0.00 \$2.80 \$17.10 \$19.90	\$139.94 \$0.00 \$2.80		\$20.70	\$25.97		\$23.12 17.10	\$7.13	\$25.51	\$0.92
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										

,	vider: PruittHealth - Shepherd Hills, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mîx Index (C	MI) Data		Facility Specific	State- wide
Prvo	dr ID: 00142964A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			Overall CMI:		1.4305	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q	trly BIMS score uality Incentive:	12.6% 3.31	0.0% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Vght Options:		1.3730 1.3974	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Rautine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
;			а	b	c	. d :	е	f	g	-	h	insurance
СА	SE MIX BASED RATE CALCULATIONS			******	/444					,	.,	: '
				u								:
1 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			:
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	1		:
	• ,	:		All Deu Sizes	An Deu Sizes	All Ded 3/20%	All Bed Sizes	All Bed Sizes	All ded Sizes	!		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	00.004		a= a=/	İ		1		:
3	Peer Group Standards; Multiplier	(see Policy Manual)		100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts									i.		
5 :	As Filed Cost Center Costs (Routine & Special Srvcs 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	CTEG COA	\$269,469	£400.004	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0 \$0	(\$373)	(\$6,672)	1	\$752,684 (\$99,324)		\$198,804	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0		\$384,564	\$289,042	\$653,360	1	(\$42,168) \$156,636	
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39.683	, 40,102,007	40	Ψ320, 101	\$304,304	\$203,042	4000,000	\$209,469	\$100,030	\$30,700
	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days	03,000							37,862		:
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16,46		\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	***************************************	1.4305	ψ0.00	0.0.20	\$10.51	, initial Edition	Ψ10,40	\$1.12	φυ.συ	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09	:	\$20.56		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116,66	\$55.18	\$0.00		\$16.97		\$16.46	[' '	6.69	
	•						4.5.6.		Ψ10,-10	VI.72	(FRV)	. 40.50
15	Quarterly Per Diem Rate Prior to Add-ons	Land an Openhalitation of							:		, ,	
	Growth Alloward Per Centage = 18.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$18.72	\$10.14	\$0.00	\$2.44	\$3.12	\$0.00	\$3.02		N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$135.38	\$65.32	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
18	Quarterly Facility Case Mix Index for Medicaid Residents Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End En 16 x Ln 17		1.3974		1		!		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161,34	\$91.28 \$91.28	F0.00	645.70	200.00					
	•	1.0 - Eli 10, AiOsii - Eli 10	\$101,34	\$91.28	\$0.00	\$15.70	\$20.09	\$0.00	\$19.48	\$7.12	\$6.69	\$0.98
	Quarterly Per Diem Add-on Amounts					1						
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 Srvs)	Lп 19 Col b x CPS Add-on	\$0.00	\$0.00						1		-
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74						1		·
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			į į		i	\$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 - Lπ 23) * 0.75	\$124.21	!						······································		

	ovider: PruittHealth - Sunrise, LLC		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
P	vdr ID: 00143173A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 31.0% 3.85	18.37% 2.5% 3.0%	Ortrly Mcaid	Quarterly I	l Overall CMI; dedicaid CMI; Vght Options;		1.3624 1.5966 1.6268	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
· 			8	b	C	d	е	f	9	9	h	I
C	ASE MIX BASED RATE CALCULATIONS	! !							!	!		
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			1
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$58,620) \$2,920,076	(\$2,358) \$1,443,998	\$0 \$0	(\$869) \$307,588	\$0 \$188,495	\$0	(\$55,393) \$406,741	\$144,358	(\$20,929) \$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	21,352					} 1		19.808		i
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3624	• • • • • • • • • • • • • • • • • • • •	1	*******	, , , , , , , , , , , , , , , , , , , ,	\$15.00	, 41.25	Ψ0.10	\$0.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64		!		1				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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
15	Quarterly Per Diem Rate Prior to Add-ons	1-44 8					_				,	
: 16	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc % En 14 + Ln 15	\$18.79	\$9.12	\$0.00	\$2.65	\$3.52		\$3.50	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$138.87	\$58.76	\$0.00	\$17.06	\$22.67	\$0.00	\$22.55	\$7.29	\$9.56	\$0.98
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6268					1			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.70	\$95.59 \$95.59	\$0.00	\$17.06	\$22.67	\$0.00	\$22,55	\$7.29	\$9.56	\$0.98
1	Quarterly Per Diem Add-on Amounts							7	!			
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	1	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39				:	i	i	13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.87	\$2.87		: !				į,		1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					! }	\$17.10	1		1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 lhru 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 + Lπ 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			·		f		11		1

1	rovider: PruittHealth - Swainsboro, LLC rydr ID: 00143195A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021	Q	owth Allowance: trly BIMS score	Facility Score N/A 36.6%	Add-on Percent 18.37% 2.5%		Quarterly t	d Overali CMI; Medicaid CMI:		Facility Specific 1.4255 1.5370	State- wide 1.3617 1.5438
;	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.83	2.0%	Qrtrly Mcaid	CMI w RUG Y	Nght Options:		1.5649	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS			:		1				,		1
1	Cost Center Peer Groups	6 O. F. M D.		:		!				i :		
1	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	. 1 All Facilities	2	1	1	1	1		
	Bed Size Range within Peer Group			All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes		All Facilities			
	Con-Conse Standards & Wife-			. All Dod Sizes	Mil Den Sites	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile								İ			
3	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			•
. 4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	,	100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0%		105.0%			
		(See I diley Manualy		, 90.03	30.00	\$0.22	\$0.41		\$0.37	i		
	Base Period Per Diem Allowed Amounts					1				! !		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	: \$ (
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0		\$345,920	\$265,370	\$593,622	\$247.815	\$217,121	\$30,94
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677			1				4217,010	42,17,12,	400,54
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PŁ Ins Rpt Days							!	29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8,46	CC AE	#0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,4255		012.50	\$10.10	1411111 20117	\$17.63	\$6,40	\$6.45	\$0.9
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11. AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18,15	1	647.00	50.40	An	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	i i	\$17.63	\$8,46	\$6.45	\$0.92
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$127.00	\$60.02	\$0.00	1 1		!	\$20.56	\$0.00	N/A	
	· · · · · · · · · · · · · · · · · · ·	20000 0. 20 12 0. 20 10	\$121.00	\$00.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89	\$0.92
1	Quarterly Per Diem Rate Prior to Add-ons					1					(FRV)	:
15 :	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwric %	\$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		\$20.87	\$8.46	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5649					:	40.40	40.03	, 40.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x i n 17	!	\$111.19		1		i				2
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	\$0.93
	Quarterly Per Diem Add-on Amounts								722.07	₩070	45.69	Ψ0.54
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	** **				_					i i
21		Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	<u> </u>		\$2.78	\$2.78		1				: 1		
23	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22		1				1		
1		(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 + £л 24	\$210.75	\$116.72	\$0.00	\$15.53	\$21.89	\$0.00	\$38.34	\$8.46	\$8.89	\$0.92
ae i	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145,24							<u> </u>		·

Provider: PruittHealth- Sylvester Prvdr ID: 00143206A	1/1/2021	Q	wth Allowance: trly BIMS score	Facility Score N/A 27.0%	Add-on <u>Percent</u> 18,37% 1.0%	Thum	Quarterl	iod Overall CMI: y Medicald CMI:		Facility Specific 1.3730 1.4863	State- wide 1,4014 1,5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hours pe	r On-Site Day/Q	dality Incentive:	3,76	3.0%	Ortrly Mea	id CMI w RUG	3 Wght Options:		1,5123	1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	9		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manuel)		1 All Facilities	1 All Facilities	2 Free Standing		1 All Facilities	1 All Facilities			
· ·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	· · · · · · · · · · · · · · · · · · ·		35.55	30.00	30.22	30.41		\$0.37			
Base Period Per Diem Allowed Amounts	•										
5 As Filed Cost Center Costs (Routine & Special Srvcs 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	\$1
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)	\$21,49
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	\$21,49
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 9 Net Per Diems prior to Case Mix Adistmt to Routine Srycs	FY 18 GL-PL Ins Apt Days Ln 7 / Ln 8 Col a								38,792		
	from 4 qtrs of FY10	\$143.74	\$65.97	\$0.00	\$12,71	\$25.98	(with L&H)	\$19.47	\$7.26	\$11.58	\$0.7
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3730								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.05								
13 Per Diem Standards (Alter Statewide CMA for Routine Stycs)	per Peer Group Limits		\$48,05	\$0.00	\$12,71	\$25.98		\$19.47	\$7.26	\$11.58	\$0.7
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121,42	\$73.31 \$48.05	\$0.00 \$0.00	\$19.52 \$12.71	\$23.55		\$24.02		N/A	
Super Class Class (Mar Applica Applica Classica)	Ecolor W. Er (E. W. Er (C.	\$121.42	\$40,00	\$0.00	\$12,71	\$23.55		\$19.47	\$7,26	9.61 (FRV)	\$0.7
Quarterly Per Diem Rate Prior to Add-ons										(,,	
15 Growth Allowance Percentage = 18.4%	Ln 14 x Grwth Alfwne %	\$19.07	\$8.83	\$0.00	\$2,33	\$4,33	\$0.00	\$3,58	N/A	N/A	N/.
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Łn 14 + Ln 15	\$140.49	\$56,88	\$0.00	\$15,04	\$27.88	\$0,00	\$23.05	\$7.26	\$9.61	\$0.7
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1,5123</u>								
18 Ortrly Routine Srvcs 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	\$0.7
Quarterly 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 Srvs)	Lri 19 Col b x CPS Add-on	\$0.86	\$0.86								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x String 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	\$0.0
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	\$0.7
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.64			1	1		L	L		L

Provider: PruittHealth -Toccoa, LLC Prodr ID: 00143305A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Dat	e: 1/1/2021		owth Allowance: driv BIMS score	N/A 32.4%	18.37% 2.5%			i Overali CMI; Medicaid CMI;		1.5108	1.3617
MDS & Nurse Hrs Data per Quarter Endin		rs per On-Site Day/Q		3.27	2.0%	Ortrly Moaid		Wght Options:		1,4005 1,4235	1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	е	f	g	. 9	h	i
CASE MIX BASED RATE CALCULATIONS							:		:		1
1 Cost Center Peer Groups											
Type of Facility within Peer Group	(see Policy Manual)		: 1 . All Facilities	1	2 Free Standina	1	1	1 1			
Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities	, All Facilities : All Bed Sizes	1		i
Peer Group Standards & Efficiency Measure Limits				7111 233 01200	! I'M DOU CARES	All Des Craes	VII DOD 20502	An and 31203			ı
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	E0.00/	: ;		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	į	50.0% 105.0%	1		1
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			1
Base Period Per Diem Allowed Amounts	:				1			:			•
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354,00	\$4,645,295	\$0	\$873,232	\$697,934	\$433 ED4	\$1,250,187	\$435,481	\$153,534	
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)		\$0	(\$354)	(\$6,453)			\$435,461	\$155,534 (\$48,498)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,286,573	\$4.626.746	\$0 \$0		\$691,481		\$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	4	40	4572,010	4031,401	J421,032	: 31,000,203	3430,401	\$105,036	\$47,154
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days		:		į į				57,413		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	40.00		\$10.00	111111125119	. 417,33	97.55	\$1.75	30,70
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/Ln 10		\$50.88		1				:		•
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	. 40.70
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	i	\$17.95	\$7.59	6.68	\$0.78
0					1	*				(FRV)	40.70
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	****							: :		
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$18.72		\$0.00	\$2.66	\$3.41	\$0.00	\$3.30	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$135.69	\$60.23	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4235		:						
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.20	\$85.74 \$85.74	\$0.00	647.46	¢00.00	60.00			***	
	t and the second of the second	\$101.20	\$65.74	\$0.00	\$17.16	\$22.00	\$0.00	\$21.25	\$7.59	\$6.68	\$0.78
Quarterly Per Diem Add-on Amounts	i :		1		i .		:				1
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	i
21 BIMS Add-on Per Diem = 2.5% (to Routine Srv.	•	\$2.14	\$2.14								
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.71			÷ ;		!				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	: '		1			\$17.10			İ
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	:	****	<u> </u>			<u>:</u>			I

	rovider: PruittHealth - Toomsboro, LLC		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e_Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	N/A 39.5% 3.33	18.37% 2.5% 3.0%	Ortrly Massid	Quarterly I	l Overall CMI: Medicaid CMI: Wght Options:		1.3444 1.5340 1.5621	1.3617 1.5438 1.5713
-						3.576	Citily Nicalo					
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	С	ď	е	f	9	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS								!	:		
1	Cost Center Peer Groups	(see Policy Manual)		1	4	2	1		•			
	Type of Facility within Peer Group	(accor one) manacin		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		•
į	Bed Size Range wilhin Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
i	Peer Group Standards & Efficiency Measure Limits					1		; ;		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	(50.0%	i i		•
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	;	\$0.37			
:	Base Period Per Diem Allowed Amounts					1		:				
5	As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	
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	
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days	20,394				• • • • • • • • • • • • • • • • • • • •			4,10,110	V.04,217	420,000
:	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 Adjstmt to Routine Srvcs	Łn 7 / Łn 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 Case Mix Index for All Residents	from 4 qtrs of FY12	:	1.3444	· }			, ,		1	40.00	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17		1		!				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$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 Stres)	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	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons					1				1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	**************************************	*40.00								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.55	\$10,32	\$0.00	\$2.72	\$3.93	\$0.00	\$3.58	N/A	N/A	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$155.11	\$66.49	\$0.00	\$17.53	\$25.35	\$0.00	\$23.06	\$7.45	\$13.99	\$1.24
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5621</u> \$103.86		1				: [
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	240.00	
1	•		\$132.40	\$103.00	\$0.00	\$17.55	\$25.35	\$0.00	\$23.00	\$7.45	\$13,99	\$1.24
1	Quarterly Per Diem Add-on Amounts			!		1 1						!
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	*	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60		1			· }			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.12	\$3.12						1		1
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			į :			\$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			· · · · · · · · · · · · · · · · · · ·	,		1	J		

Prvdr ID: 00141369A Growth Allowani Case Mix Per Diem Rate Effective Date: 1/1/2021 Ottry BIMS soc MDS & Nurse Hrs Data per Quarter Ending: 09/30/20 Nurse Hours per On-Site Day/Quality Incenti Line Description Sources / Totals Services # Calculations	re 19.2%	18.37% 0.0% 2.0%	Ortrly Meaid		d Overall CMI: Medicaid CMI:		1.6176	1.3617
Description Sources / Footiers					Wght Options:		1.6109 1.6411	1.5438 1.5713
" Calculations	1	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
a b	c	d	е	f	9	9	h	j
CASE MIX BASED RATE CALCULATIONS	:			!	1			
1 Cost Center Peer Groups (see Policy Manual) 1		2						:
Type of Facility within Peer Group All Facilities Bed Size Range within Peer Group All Bed Size	All Facilities		1 All Facilities	1 All Facilities	1 All Facilities			:
!	All Bed Size	s 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%								•
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
Base Period Per Diem Allowed Amounts	!	:	:					
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt \$5,327,017.00 \$2,993,9	9 S0	\$460,159	£244.200	£075 004			****	
# # # # # # # # # # # # # # # # # # #			\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments (\$97,943) (\$5,00 7 Cost Center Costs After Audit Adjustments FY12 Audited C/R \$5,229,074 \$2,988,80	* 1		(\$2,159) \$339,149	, , ,		1 .	(\$37,125)	
8 Total Nursing Facility Days As Filed Days = 33,103 FY12 Audited C/R Days 33,103	3	3460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977 FY 18 GL-PL Ins Rpt Days	!			1		04 077		(
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$158.20 \$90.	9 \$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	31,977	rc 00	
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.61		, 910.50	\$10.49	(WALL COLL)	522.04	\$7.37	\$5.03	\$1.00
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9/Ln 10 \$55.						1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$55.1		\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	64.00
13 Per Diem Standards (After Statewide CMA for Routino Srvcs) per Peer Group Limits \$71.9			\$23.09	1	\$20.56	\$0.00	\$5.05 N/A	\$1.08
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$126.66 \$55.6			\$18.49		\$20.56	\$7.37	9.44	\$1.0
			4.5. 43		, 420.50	\$7.57	9.44 (FRV)	\$1.00
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37% Ln 14 x Grwth Allwar % \$19.98 \$10.00		;			t r	1 .	,	
,			\$3.40	\$0.00	\$3.78	N/A	N/A	N/A
47		\$16.45	\$21.89	\$0.00	\$24.34	\$7.37	\$9.44	\$1.08
1.04								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$108.4 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$189.00 \$108.4		\$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 \$0.0	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	i i
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00 \$0.0		WO.EZ	50.41	90.00	90.00		\$0.00	-
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) Ln 19 Cel b x Stfing Add-on \$2.17 \$2.					I	1		Í
23 Nursing Home Provider Fee (Fixed Amount) \$17,10		1			\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.43 \$2,7	\$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.	\$0.00	···	\$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	1.	<u> </u>		<u> </u>	<u>:</u>	<u></u> l.		

	rovider: PruittHealth - Virginia Park rvdr ID: 00140401A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Endino:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score	Facility Score N/A 33.7% 3,50	Add-on Percent 18.37% 2.5% 3.0%		Quarterly I	d Overall CMI: Medicaid CMI:		Facility Specific 1.4219 1.6380	State- wide 1.3617 1.5438
Line		Sources /	Totals	Routine	Special	!	Laundry &	Plant	Wght Options:	A&G- GL-PL	1.6686 Property	1.5713 Taxes
#	Description	Calculations	Totals	Services	Services	Dietary	Houskpng	Operatos & Maint	and General	Insurance	and Related	and Insurance
	1		а	ь	С	d	е	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS								1			
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes		!	
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
:	Base Period Per Diem Allowed Amounts							1		:		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	1 7 7	i	(\$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			1		!			- [
	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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26		1		!		!		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43	1	\$30.32	\$7.41	\$19.71	\$1.86
13	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	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 Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$148.61	\$71.51	\$0.00	\$17.94	\$17.43	i i	\$20.56	\$7.41	11.90 <i>(FRV)</i>	\$1.86
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 Diern (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 Oir End		1.6686	40.00	461.24	\$20.03	. 30.00	Ψ24.54	97.441	\$11.90	Φ1.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.25		1		:		!	r	
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			:				İ		1	!	
20	Efficiency Add-on Per Diers ([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 ³	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$3.53	\$3.53			49.41		Ψ0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$4.24	\$4.24	! :	:		1		:	:	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		ı	!		:	\$17.10	1		
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	!		·i						
		1	******	: :								

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvar II.	D: 00143569A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: htrly BIMS score uality Incentive:	N/A 43,2% 2,96	18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicald CMI: Wght Options:	•	1.5606 1.6611 1.6933	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	Property and Related	Taxes and Insurance
-			а	b	C	d	e	i f	9	g	h	ì
CASE	MIX BASED RATE CALCULATIONS					:		1	1	!		
1 Cos	st Center Peer Groups Type of Facility within Poer Group Bed Size Range within Poer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier (ficiency Measure Maximums) (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	e Period Per Diem Allowed Amounts	İ			1			ì				
5 As	s Filed Cost Center Costs (Rouline & Special Srvcs 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 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,144)	(\$2,500)	1	(\$600)	\$0	\$1,342	(\$42,386)	1	(\$21,413)	\$21,413
7 Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159		* !	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572			1 :		:				•= ••
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 14,786	FY 18 GL-PŁ Ins Rpt Days						:	1	14,786		
1	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof 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		i i						
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48.37		:			1	1		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54	:	\$21.45	\$7.65	\$4.39	\$1.29
. 1	er Diern Standards (After Statowide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 ' Ba	ase 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	\$1.29
Qua	arterly Per Diem Rate Prior to Add-ons	:				·				1	(FRV)	
15 Gr	rowth 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 CI	MA 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		\$8.61	\$1.29
: 17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6933		1					Ψ0.51	91.23
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.96						1 1		
19 Q	uarterly 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
Qua	arterly Per Diem Add-on Amounts	:				:			İ			
	fficiency 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		***	
1 !	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42	00.00	30.22	φ 0.4 1	φυ.υυ	30.00		\$0.00	
	urse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91				! [
	ursing Home Provider Fee	(Fixed Amount)	\$17.10		í	: :		! !	\$17.10	:		
24 To	otal 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	4	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.61	\$102.82	\$0.00	\$16.89	\$25.91	\$0.00	\$41.44	†	\$8.61	\$1.29
26 0.45	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75		+ 	1		+25.01	45.00	******	. 01.03	90.01	¥1.23
20 402	atterly her brent rate for bed note and Leave Days	(Ln 25 - Ln 23) * U.75	\$140.63	I								

Provid			Add-on Data and		Facility Score	Add-an Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr	ID: 00256088A Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance:	N/A	18.37%			d Overali CMI:		1.3473	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q	Itrly BIMS score luality Incentive:	25.0% 3.40	1.0% 2.0%	Qrtrly Mcaid		Medicaid CMI: Wght Options:		1.4176 1.4428	1.5438 1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	g	a .	h	i
CAS	E MIX BASED RATE CALCULATIONS	i				:			:			
	ost Center Peer Groups	(see Policy Manual)		1	. 1	2	1	4				
; ; ; = =	Type of Facility within Peer Group	(aee i one) waruary		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	:		All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	:		
Pe	eer Group Standards & Efficiency Measure Limits			:	i	:						
2 /	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	:		
Ва	ase Period Per Diem Allowed Amounts	:		• :				:				
5 /	As Filed Cost Center Costs (Routine & Special Srvcs 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	S
6 /	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	\$0	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64.06
7 . (Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667		\$0	1	\$437,674	\$552,247	\$807,785	' .	\$200,201	\$64,06
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588			1 :				1		
. 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days				1				34,621		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Co! a	\$159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20,40	\$8.34	\$5.06	\$1.63
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.3473		1					*	•
11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80		!				1		
12 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20.40	\$8.34	\$5.06	\$1.62
13 F	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	•
14 E	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
O.	uarterly Per Diem Rate Prior to Add-ons		•			1 1				1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allymc %	\$22.25	\$11.54	\$0.00	\$2.72	\$4.24	\$0.00	\$3.75	N/A		
,	CMA Allowed Per Diem (After Growth Allowance Add-on)	£п 14 + Lп 15	\$163.38	\$74.34	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	9,00.00	1.4428	30.00	\$17.54	\$21,33	30.00	\$24.15	\$0.34	\$10.06	\$1.63
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Ln 17		\$107.26		1		İ		: 1		
19 (Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$196.30	\$107.26	\$0.00	\$17.54	\$27.33	\$0.00	\$24.15	\$8.34	\$10.06	\$1.62
	uarterly Per Diem Add-on Amounts							İ	-		•	Ψ1.0L
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	£0.00		50.40			
i .	BIMS Add-on Per Diem = 1.0% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$1.07	1	\$U.00	⊅U.ZZ :	\$0.00	\$0.00	\$0.12	1	\$0.00	
1	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.15			:			1	: :		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. Ψε.13		1		i	\$17.10			
. !	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	\$17.10	\$0.00	\$0.00	\$0.00
	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.49	\$111.01	\$0.00	\$17.76	\$27.33	\$0.00	 	\$8.34	\$0.00	\$0.00
<u> </u>		0-00 1-0011075		<u>/</u>	40.00	Ψ11.70	421.33	\$0.00	341.51	\$0.34	\$10.06	\$1.62
26 QU	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.29									

Provider: Quiet Oaks Health Care Center Prydr ID: 00370851A		Add-on Data and Percentages Growth Allowance: Qtrly BIMS score rs per On-Site Day/Quality Incentive:		Facility Score N/A	Add-on Percent	Cas	se Mix Index (CMI) Data			Facility <u>Specific</u> 1.2112 1.3803 1.4079	State- wide 1.3617 1.5438 1.5713
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou			47.4% 3.92	18.37% 5.5% 2.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Ortrly Mcaid CMI w RUG Wght Options:					
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	f	g	9	ħ	i
CASE MIX BASED RATE CALCULATIONS					1						
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1		i i		
Type of Facility within Peer Group	(See 1 Shey Hariday)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits								1	1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		!
Base Period Per Diem Allowed Amounts					1						:
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)		(\$61,577		(\$32,836)	
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	50	\$361,569	\$247,978	\$303,372	\$396,530		\$29,721	\$32,269
8 Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301				*		*******	1	4	702,200
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days				1			1	22,006		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1					*****	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21		1		:	!			
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 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 Sives)	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	\$1.45
Quarterly Per Diem Rate Prior to Add-ons	: !				1					(FRV)	i i
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$20.08	\$9.59	\$0.00	\$2.98	\$4.24	\$0.00	60.07	11/4	£1/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.16	\$61.80	\$0.00	\$19.19	\$4.24 \$27.33	\$0.00	\$3.27 \$21.05	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3144.10	1.4079	φυ.υυ	319.19	\$21.55	\$0.00	321.00	\$3.48	\$9.86	\$1.45
18 Ortrly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.01		1				:		
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
	:				, ,,,,,	4250		:	45.45	\$3.00	Ψ1.43
Quarterly Per Diem Add-on Amounts							:		į .		,
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 = 5.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79	!				:			:
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	(Fixed Amount)	\$1.74	\$1.74				:				
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$24.75	\$7.06		60.00	60.00		\$17.10	1	·	
				\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	·	\$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								-	

FINAL

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 23.1% 2.85	Add-on Percent 18.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	9		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) 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	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$146.70 \$23.31 \$170.30 \$203.19	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.4091 \$113.30	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$19.72 \$19.72 \$19.72 (FRV Rate) \$19.72	
BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$1.13 \$3.40 \$17.10 \$21.63	\$1.13 \$3.40					17.10			
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										

	ovider: Regency Park Health Care		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pav	rdr ID: 00837207A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: trly BIMS score uality Incentive:		18.37% 0.0% 3.0%	Ortrly Moaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1,4547 1,4654 1,4902	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	44.000		а	b	С	đ	ė	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS								ı		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1					
1	Type of Facility within Peer Group	(see Folicy Mandal)		. I : All Facilities	: All Facilities		7 All Facilities	1 All Facilities	. 1 All Facilities			!
i	Bed Size Range within Peer Group		· i	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bod Sizes	All Bed Sizes	:		
	Peer Group Standards & Efficiency Measure Limits					1		1				
2	Peer Group Standards: Percentile	(see Policy Manual)	i	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4	Efficiency Measure Maximums (see line 20 for ectual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts					1		:				!
5	As Filed Cost Center Costs (Routine & Special Sives 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		(\$14,526)	Ψ10,000	(\$486)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978		\$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				333.,013		;	410,000	Q-11,000	42,010
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days				1		i	'	33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		:		: 1	1		4,0.00	;
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10		\$70.08	:	1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21,26	i	\$18.01	\$0.30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	ì	\$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	\$0.08
:	Quarterly Per Diem Rate Prior to Add-ons					1			•		(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwno %	\$23.47	\$12.87	\$0.00	\$3,38	\$3,91	60.00				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.08	\$82.95	\$0.00	\$21.79	\$25.17		\$3.31 \$21.32	N/A \$0.30	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$112.00	1.4902	. 50.00	\$21.15	Φ23.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	€n 16 x Ln 17		\$123,61		1		1	:			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$212.74		\$0.00	\$21.79	\$25.17	\$0.00	\$21.32	\$0.30	\$20.47	\$0.08
:	Out to I to the last of the la						4		1	\$0.00	\$20.47	. 40.00
20	Quarterly Per Diem Add-on Amounts	Jana Daliau Manusal)			4	1						
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0,0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.31		\$0.00	\$0.00	\$0.41	\$0.00	\$0.37	.	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	Ln 19 Col b x Strag Add-on	\$0.00	\$0.00 \$3.71	: !							
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.71 \$17.10	\$3.71								
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	\$17,10 \$17,47	60.00	60.00	
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.86	\$4.24	\$0.00	1	\$25.58	1		\$0.00	\$0.00	\$0.00
			. \$£34.00	9121.65	30.00	321.79	\$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 - £n 23) * 0.75	\$163.32									

1	ovider: Rehabilitation Center of South Georgia	Ad	d-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1.1416	State- wide 1,3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per 0	Qtr	y BIMS score	40.2% 5.97	2.5% 3.0%	Ortrly Meald	Quarterly I	Medicaid CMI: Wght Options:		1,6357 1,6653	1,5438 1,5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	e	ı	g	9	h	i
C/	SE 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	1 All Facilities	2 Free Standing		1 All Facilities	1 All Facilities			
	,			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	SD	\$0	\$0	(\$66,287)	407,000	(\$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	;	\$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 GlPL 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 Srvcs	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		<u>1.1416</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 Quarterly Per Diem Rate Prior to Add-ons	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
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 Oir End		1,6653								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.27				1 i 1				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlfOthr = 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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,06	\$3.06				!				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			1	A			J		

Provider: Reliable Health and Rehab Provider ID: 321026473A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	44.6% 3.20	2.5% 3.0%	Qrtrly Mcaid		l Overall CMI: Medicaid CMI: Vght 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
:		а	b	С	d	e	f	g	g	h	, i
CASE MIX BASED RATE CALCULATIONS			,		: :		:	:			
1 Cost Center Peer Groups	(see Policy Manual)	•	. 1		2	1		7	· · · · · · · · · · · · · · · · · · ·		
Typo of Facility wilhin Peer Group Bed Sizo Range within Peer Group	(See 1 Oney Manualy		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	•	•					f				
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	! -	105.0%			
4 Enciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	i	\$0.37	:		!
Base Period Per Diem Allowed Amounts	•							!			İ
5 As Filed Cost Center Costs (Routine & Special Srvcs 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	\$1
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,27
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	\$61,27
8 Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132			1				1		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		I
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.8
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077		:				:		
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	•	\$59.41		1	_		f V	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	i	\$59.41	\$0.00		\$22.55		\$22.60	\$3.79	\$0.64	\$1.8
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	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)	\$1.8
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %				:						· •
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Aliwinc %	\$21,26	\$10.91 \$70.32	\$0.00	\$2.43	\$4.14	\$0.00	\$3.78	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$153.23	:	\$0.00	\$15.65	\$26.69	\$0.00	\$24.34	\$3.79	\$10.59	\$1.8
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.7538 \$123.33		1		1	:	1		ì
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	\$1.8
Quarterly Per Diem Add-on Amounts	ł f		: 		1						
20 Efficiency Add-on Per Diem ([Stnd - 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	İ	\$0.00	ì
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08		}				!	45.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70		1		!				
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		ļ	\$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	\$1.8
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160,63	:				 		·		

	der: Renaissance Care and Rehab Center ID: 00141754A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	1/1/2021 09/30/20 Nurse Hou		owth Allowance: https://doi.org/10.1007/10.100	Facility Score N/A 42.4% 2.90	Add-on Percent 18.37% 2.5% 2.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.5068 1.5868 1.6147	State- wide 1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
L			а	b	c	ď	е	f	9	g	h	ı
<u> </u>	ASE MIX BASED RATE CALCULATIONS					. i		:		1		
: 1	Cost Center Peer Groups	(see Policy Manual)		: 1	. 1	2	1	1				
: '	Type of Facility within Peer Group	toco to one y meshesiy		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits					!		:	1			I
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			! !
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		! :
	Base Period Per Diem Allowed Amounts	'				1			i			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	51,744			1		:	•			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days				:		:		44,450		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74		:			ì)		
12		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 Srvcs)	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	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons							:)	(FRV)	: !
15		Łn 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		\$0.00	\$14.31	\$12.50	\$0.00	\$24.34		\$7.18	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,6147			•	:	:	1	4	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.05		;		:	•	1 :		
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
,	Questodu Dos Diom Add on Annuata			•								
20	Quarterly Per Diem Add-on Amounts 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				60.00	ſ
21	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	En 19 Col b x CPS Add-on	\$1.85	· ·	φυ.00	⊅ U.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
22	;	Ln 19 Col b x Sting Add-on	\$1.48		i	:		:				
23	· —— · · · · · · · · · · · · · · · · ·	(Fixed Amount)	\$17.10	: 91.40	!				\$17.10			i
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	1	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	LB 19 + Ln 24	\$176,86	\$77.91	\$0.00	\$14.53	\$12.91	\$0.00	\$41,44			
				1	30.00	\$14.33	\$12.91	30.00	\$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									

	ovider: Resorts at Pooler	-	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	Mi) Data		Facility Specific	State- wide
Pr	vdr ID: 00238741A			wth Allowance:	N/A	18.37%			l Overall CMI:		1.2677	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending			trly BIMS score	35.3%	2.5%			Medicaid CMI:		1.4871	1.5438
	MD3 & Noise his Data per Quarter Entiring	. 09/30/20 190/56 190/	s per On-Site Day/Q	uality incentive:	2.76	2.0%	иллу мсаю	CMI w RUG V	vgnt Uptions:		1.5112	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		*	а	b	С	d	e	f	. g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
J		:				:			1			
1 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	: · · · ·		
ì	Type of Facility within Peer Group Bed Size Range within Peer Group	1		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities	1		
1 ;	•			All Bed Sizes	. Aui Deu 312es :	All Ded Sizes	All Bed Sizes	All Bed Sizes	. All Bed Sizes	i .		•
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%		05.001	!		1		
3	Peer Group Standards: Fercentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	90.0%	85.0% 100.0%	f	50.0% 105.0%			
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	· .		ı
	Dana Dariad Dan Diam Allamad America								;			
. 5	Base Period Per Diem Allowed Amounts As Filed Cost Costes Costes (Parties & Service County of the Cost Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes Costes (Parties & Costes (Parties (Parties & Costes (Parties (Parties (Parties (Parties (Parties (Parties (Parties (Partie	: As Filed FY12 C/R -FY 2018 GL-PL Rpt i	64 405 507 00	64 000 440			8000 000					_
, 1	As Filed Cost Center Costs (Routine & Special Stycs Combined)	· ·	\$4,195,527.00	\$1,996,140	\$0	\$504,049	\$280,057	,	\$507,320	\$243,102	\$473,443	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)	A company of the comp	(\$50,954)	\$46,256
	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	:		i i						
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	****			:				27,375		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	· ·	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
of 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677						1		ı
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	\$14.24	\$1.56
13	Per Diern Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	i I
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	\$1.56
:	Quarterly Per Diem Rate Prior to Add-ons					:			! !		(FRV)	
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)	En 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						1	•	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.57		1			i	1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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					·				1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2.36	\$2.36	. 40,00	ψ0.2Z	φυ,41	φυ.υυ	, au.37	i i	\$U.UU	
22	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.89	\$1.89		1				1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 41.03	:				\$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	\$17.10	\$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
	***************************************	(1 - 25 L - 20) • 0.75	,		*****	420.02	419.11	. 20.00	430.20	30.00	φ1.U1	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.63									

1	ovider: Ridgecrest Rehab & Skilled Nursing Center	A	dd-on Data and P	ercentages rth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index ((CMI) Data d Overali CMI:		Facility Specific 1.2980	State- wide 1,3699
'	Case Mix Per Diem Rate Effective Date:	01/01/21	Qtr	ly BIMS score	45.0%	5.5%		Quarterly	Medicaid CMI:		1.3635	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hours per	On-Site Day/Qua	ality Incentive:	4,23	3.0%	Ortrly Meald	CMI w RUG 1	Wght Options:		1,3877	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS							!				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(****)			40.00	1	0.41		\$ D.O7			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Sixes Combined)	As Filed FY13 C/R	\$0.007.010	60 700 050	20	2005 470	214.005	*****				
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$3,799,856 \$0	\$0 \$0	\$638,476 \$0	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$6,136,194	\$3,799,856	\$0 \$0	\$638,476	\$0 \$441,605	\$0 \$202,336	(\$71,116) \$709,310	\$89,287	(\$6,444) \$248,880	\$6,444 \$6,444
8	Total Nursing Facility Days As Filed Days = 38,837	FY13 Audited C/R Days	38,837	\$5,755,000	30	\$030,470	3441,603	\$202,336	\$709,310	\$69,267	\$248,880	\$6,444
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL Ins Rpt Days	00,007							36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158,12	\$97.84	\$0.00	\$16.44	\$16,58	(with L&H)	\$18,26	\$2,42	\$6.41	\$0.17
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY10	,	1,2980	1	1	1	,	1 111111	V	40	, ,,,,,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75,38	\$0.00	\$16,44	\$16,58		\$18.26	\$2,42	\$6.41	\$0.17
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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 En 13	\$138,04	\$73.90	\$0.00	\$16.44	\$16,58		\$18.26	\$2,42	10.27	\$0.17
	Quarterly Per Diem Rate Prior to Add-ons							:			(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$23.00	\$13,58	\$0.00	\$3,02	\$3,05	\$0,00	\$3,35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161,04	\$87,48	\$0.00	\$19,46	\$19,63	\$0.00	\$21.61	\$2,42	\$10.27	\$0,17
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Otr End		1,3877		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			42.10.	VIII , III	V.0.2.	Ψν
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.96	\$121.40	\$0.00	\$19.46	\$19.63	\$0.00	\$21.61	\$2.42	\$10.27	\$0.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1,00	\$0.00	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.68	\$6.68	\$0.00	ψο.εε	40.41	00,00	\$0,01		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$28.42	\$10.32	\$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	\$223.38	\$131,72	\$0.00	\$19.68	\$20,04	\$0,00	\$39.08	\$2,42	\$10,27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154,71						_L	11		1

	ovider: Ridgewood Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Pr	vdr ID: 00142744A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: Irly BIMS score uality Incentive:	N/A 50.9% 2.78	18.37% 5.5% 3.0%	Qrtrly Meaid		f Overall CMI: Medicaid CMI: Wght Options:		1.3042 1.4813 1.5032	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· 			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS					:				1		
. 1	Cost Center Peer Groups	(see Policy Manual)		1		2						
	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Excilition	Free Standing	1 All Facilities	All Facilities	1 All Facilities			!
	Bed Size Range within Pear Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits									. (1
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%	Į.	50.0%	i i		:
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		'
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	<u> </u>		
}	Base Period Per Diem Allowed Amounts							1	İ	:		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0		\$367,214	\$335,603	, , . ,	\$10,206	(\$487) \$341,991	\$2,973 \$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794	40,02 1,000	40	Ψ331,414	Ψ307,214	\$555,005	φυυυ, ευσ	\$10,200	\$341,991	\$2,973
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days	9.4.0.			i				36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in 7 / in 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3042			Ψ20.20	(11.111 COLL)	. 410.04	\$0.20	\$9.03	\$0.05
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66		1				. '		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	:	\$66.66	\$0.00	\$15.85	\$20,20	1	\$15.34	\$0.28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	!	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$5.03 N/A	50.08
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	1	\$15.34	\$0.00	8.01	\$0.09
ļ			!		•	1	4.0.20		410.07	30.20	(FRV)	. 40.03
15	Quarterly Per Diem Rate Prior to Add-ons		· · · · · · · · · · · · · · · · · · ·			1				1	,,	i.
16	Growth Allowance Percentage = 18.37%	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
17	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
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current QIr End		1.5032		:		:		1 :		i
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$118.62				:	!			1
. 19	Quarterry Medicaid CIMA Allowed Per Digits	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		:			! :			l ;	1		!
20	Efficiency Add-on Per Diern ([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	1 :	\$0.00	ı
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.52	\$6.52						1		1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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			······				<u>:</u>		

i .	vider: River Towne Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pro	dr ID: 00082684A	41417074		wth Allowance:	N/A	18.37%			Overall CMI:		1.4711	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	ں s per On-Site Day/Q	trly BIMS score uality Incentive:	56.5% 2.89	5.5% 3.0%	Ortrly Moaid	Quarterly N CMI w RUG V	Medicaid CMI; Waht Options:		1.8040 1.8374	1.5438 1.5713
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes
#	3333/ p 137	Calculations			Jervices		riouskpilg	& Maint	General	Insurance	Related	Insurance
ļi.			а	ь	C	d	e	f	. 9	g	h	i
CA	SE MIX BASED RATE CALCULATIONS	:				i i		i.		1		
1 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1		1			:
	Type of Facility within Peer Group	,,		All Facilities	All Facilities		All Facilities	All Facilities	. All Facilities	1		
!!	Bed Size Renge within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		*
1 1	Peer Group Standards & Efficiency Measure Limits	:						:		1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
	Base Period Per Diem Allowed Amounts))	1	1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)	1	(\$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	FY12 Audited C/R Days	59,753			1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL ins Rpt Days						:	I .	34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$41,72				1	i	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.72	\$0.00	\$13.18	\$15.23	1	\$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons	!				1			İ)	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$16.12	\$7.66	\$0.00	\$2,42	\$2.80	\$0.00		NIZA	***	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.38	\$49.38	\$0.00		\$2.80 \$18.03	\$0.00	\$3.24 \$20.88	N/A \$2.18	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	9114.30	1.8374	φ0.00	\$15.00	\$10.03	\$U.UU	⊉∠∪.88	. ⊅2.18	\$7.46	\$0.85
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.73		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$155.73	\$90.73	\$0.00	\$15.60	\$18.03	\$0.00	\$20.88	\$2.18	\$7.46	\$0.85
	Overdents Dev Die st. 4.11						*				41170	
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(con Rollovášanust)	64.50		#0.00		***			1		
20	* * * * * * * * * * * * * * * * * * * *	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	\$0.00	
22	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$4.99 \$2.72	\$4.99 \$2.72				:	1	1		i
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.72 \$17.10	\$2.12				:	047.15			1
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$26.34	\$8.24	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10 \$17.47		***	
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		·		·		 		\$0.00	\$0.00	\$0.00
		LII 13 T LII Z4	\$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									

Providi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
Prvdr I	ID: 00083289A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: ltrly BIMS score uality Incentive:	N/A 41.5% 2.62	18.37% 2.5% 3.0%	Qrlrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.5593 1.6528 1.6839	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
<u>;</u>			а	<u>b</u>	С	<u>d</u> :	е	f	g	g	h	i
CASE	E MIX BASED RATE CALCULATIONS				!							,
1 Co	ost Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1	. 1	1		
	Type of Facility within Peer Group	(·, · · · · · · · · · · · · · · ·		All Facilities	All Facilities	_	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	1		
Pe	er Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 = =	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	 	\$0.37			
Ba	se Period Per Diem Allowed Amounts					1				,		
5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
	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	52,862			1		1				
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days				1			:	50,021		
- 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1		;		1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57		1		-	:			
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41;	\$23.09		\$20.56	\$0.00	N/A	\$
14 E	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	\$0.83
Qu	arterly Per Diem Rate Prior to Add-ons					1		i			(FRV)	
	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 C	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.02	\$46,84	\$0.00		\$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			\$	40.00		: 01.00	Ψ0.73	. 40,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.87						:		
19 C	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
0	narterly Per Diem Add-on Amounts		•		i :	1			:		•	
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	eo ro	: co.oo	#0.00	***			<u> </u>		
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$1.97	\$0.53 \$1.97	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	[\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Stycs)	Ln 19 Col b x Stfng Add-on	\$1.97 \$2,37	\$1.97	l	1		•	:			
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ ε.3 Γ		:		İ	\$17,10			
	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	
	parterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.65	\$83.74	\$0.00	<u> </u>		 	·	 -		\$0.00
			\$103.00	\$03./4	\$0.00	\$15.44	\$17.86	\$0.00	\$41.44	\$1.55	\$8.79	\$0.83
26 Qu	larterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$114.41									

	rovider: Riverside Health & Rheab of Thomaston rvdr ID: 00140346A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score		Add-on <u>Percent</u> 18.37% 5.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1990 1.5657 1.5931	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
C	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	26,092							04 504		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	24,564 \$2.84	\$10.06	\$0.81
10	Base Period Facility <u>Case Mix Adjstint</u> to Houtine Sives	from 4 qtrs of FY12	φ143.00	1.1990	φ0.00	φ10.30	φ10.02	(With Latt)	φ21.11	φ2.04	φ10.00	φυ.στ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(FNV)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5931</u>								
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$195.23	\$115.87 \$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.37	\$6.37	72.00	77.22	+2	71.00	72.00		Ţ3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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							. "		

				Facility	Add-on		Facility	State-
Provider:	Riverside Healthcare Center		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
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%	Qrtrly Mcaid CMI w RUG Wght Options:	1.4784	1.5713

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	ACE MIX DAGED DATE OAL OUR ATIONS			-						3		
<u>C/</u>	ASE 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
1		(see I only Manaal)		ψυ.υυ	ψ0.00	ψυ.ΔΔ	ψυ ι		ψυ.υ,			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.4742								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End	ψ100.71	1.4784	ψ0.00	ψ13.33	ψ10.24	ψ0.00	Ψ21.11	ψ0.00	ψ0.10	Ψ1.50
18	Qrtrly Routine Srycs 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
13	Quarterly modificate Office Allowed Fee Digiti	21 10,7 110 21 1 - 21 10	ψ107.21	ψ01.09	ψ0.00	ψ13.33	ψ10.24	ψ0.00	Ψ21.11	ψυ.υυ	ψ0.10	Ψ1.00
	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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

FINAL

Provider: Riverview Health & Rehab Ctr Prvdr ID: 00040741A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nu	Add-on Dat	a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 25.0% 3.70	Add-on Percent 18.37% 1.0% 2.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.2970 1.4346 1.4587	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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
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: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) 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 = 1.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limi		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.4587 \$117.29 \$117.29 \$1.17 \$2.35	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$29.14 \$29.14 \$29.14 (FRV Rate) \$29.14	
Total Quarterly Per Diem Add-On Amounts		\$20.62	*****		400.70	407.07					
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.78	\$240.81	\$120.81		\$20.70	\$25.97		\$40.22	\$3.52	\$29.14	\$0.45

Provide			Add-on Data and	*	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr I	D: 00142777A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: htrly BIMS score huality Incentive:	N/A 45.8% 3.39	18.37% 5.5% 3.0%	Qrtrly Meaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.4576 1.6651 1.6944	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
			а	b	C	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			•				1	1	: .		
1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1			:		:
	Type of Facility within Peer Group	, , , , , , , , , , , , , , , , , , , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	:		
Per	er Group Standards & Efficiency Measure Limits									:		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 : E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
Bas	se Period Per Diem Allowed Amounts				į.	1				.		
5 : A	As Filed Cost Center Costs (Routine & Special Srvcs 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	: : \$1
6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	1		(\$818)	(\$6,713)	1 .	(\$26,528)		(\$37,442)	
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0		\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,86
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286	1	!	1	***************************************	42 (0,011		\$20,540	4001,012	920,00
- :	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days	·	I				! }		29,995		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576			4		010.00	\$6.55	\$13,70	. 40.0
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14				1				
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39	i	\$16.33	\$0.98	\$19,75	; ; \$0.8
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	4	\$20.56	\$0.00	N/A	. 40.0
14 B	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	\$0.8
	and the Book Britan Britan Add	:					***************************************		\$10.00	\$6.55	(FRV)	0.0
	arterly Per Diem Rate Prior to Add-ons Frowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	****		1	i		1				ĺ
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Allwinc %	\$13.95	\$6.27	\$0.00		\$2.64	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	· · · · · · · · · · · · · · · · · · ·	\$98.63	\$40.41	\$0.00	\$13.12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.8
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.6944		1				; :		
	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.69	\$68.47			•		1			i i
	Roatery Medicald CIVIA Allowed Fel Dielli	NO - ER PO, AROURI - ER PO	\$126.69	\$68.47	\$0.00	\$13,12	\$17.03	\$0.00	\$19.33	\$0.98	\$6.87	\$0.8
	arterly Per Diem Add-on Amounts	<u>;</u>						:				i
	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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.77	\$3.77					!			:
	lurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05				!		1		ı
	lursing Home Provider Fee	(Fixed Amount)	\$17.10			: ;			\$17.10	: i		
24 T	otal 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	\$0.0
25 Qu	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.53		J	·····		í	1			
		(61120-61120) 010	\$100.53									

Provide Prvdr II			Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Prvgr II	D: 00036252A Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: trly BIMS score	N/A 26.6%	18.37% 1.0%			Overall CMI:		1.6517	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Qı		3.03	3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.6453 1.6741	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
:			а	ь	c	d	е	f	g	g	h	i
CASE	MIX BASED RATE CALCULATIONS											
	st Center Peer Groups	Anna Carlos Alba at		1		,				1		
	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	1 All Facilities	-	1 All Facilities	1	. 1			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Facilities All Bed Sizes			:
Pec	er Group Standards & Efficiency Measure Limits								:			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 ' P	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	; !	105.0%	:		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	,	\$0.37	1		!
Bas	se Period Per Diem Allowed Amounts								!			
5 A	s Filed Cost Center Costs (Routine & Special Sives 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 A	audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$241,133)	\$0	\$0	\$0	(\$9,128)	*			(\$190,364)	-
7 : C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,070,774	\$2,758,651	\$0	\$513,684	\$249,442		\$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		•		*= \0,=		41,200,001	V125,015	\$1,000,021	Ψ120,100
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,390	FY 18 GL-PL Ins Rpt Days				1		!		33,390		
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$206.28	\$80.44	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85		\$48.27	\$3.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6517			*****			45.00	\$ 10.27	. 40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70		1		!	I			
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24	[\$36.85	\$3.85	\$48.27	\$3.65
. 13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 B	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	<i>:</i>	\$20.56	\$3.85	14.00	\$3.65
٥.,	arterly Per Diem Rate Prior to Add-ons								1	1	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$18.83	\$8.95	\$0.00	60.75	***					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$6.95 \$57.65	\$0.00	\$2.75 \$17.73	\$3.35 \$21.59	\$0.00	\$3.78	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3142.01	1.6741	\$0.00	317.73	\$21.59	\$0.00	\$24.34	\$3.85	\$14.00	\$3.65
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£п 16 x Ln 17		\$96.51				:		:		
	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
	arterly Per Diem Add-on Amounts			· · · · · · · · · · · · · · · · · · ·					1	45.50	Ç,4.00	. 40.00
1	ifficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	en en	\$0.00	60.00	60.44		***	1	***	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.53	20.00	\$0.22	\$0.41	\$0.00	\$0.00	1	\$0.00	
	Rurse Staff Hrs / Quality Add-on Per Diem : 3,0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$0.97	\$0.97 \$2.90					!	1		
: :	Aursing Home Provider Fee	(Fixed Amount)	\$17.10	Φ2.90	•			\$	\$17.10	1		•
	otal 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
	arterly 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	\$0.00	\$0.00 \$3.65
\vdash			<u> </u>	. +100.31		¥11.00	922.VU	\$9.00	341.44	\$3.05	214.00	\$3.05
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.03									

FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Ho		da and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 32.4% 3.98	Add-on Percent 18.37% 2.5% 3.0%		Quarter	x (CMI) Data riod Overall CMI: rly Medicaid CMI: IG Wght Options:		Facility Specific Use Stwd 1.5046 1.5310	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	С	d	е	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)			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$23,590.00 14,490		
Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 18.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY 2012 Peer Group Limit	\$128.76 \$22.08 \$152.47	\$71.51 \$64.36 \$11.82 \$76.18 <u>1.5310</u>		\$18.41 \$16.57 \$3.04 \$19.61	\$23.09 \$20.78 \$3.82 \$24.60		\$20.56 \$18.50 \$3.40 \$21.90		\$8.55 \$8.55 8.55 (FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$192.93	\$116.64 \$116.64		\$19.61	\$24.60		\$21.90	\$1.63	\$8.55	\$0.0
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		\$2.92 \$3.50 \$17.10 \$23.51	\$2.92 \$3.50					17.10			
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	7-1-1-1	Ţ0.00		Ţ.0.01	42 1.00		400.00	\$1.00	\$0.55	\$0.00

Provider: Prvdr ID:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIVUITO.	Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: triv BIMS score	N/A 24.5%	18.37% 1.0%			d Overall CMI:		1.6744	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Q		3.66	2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.8982 1.9325	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	b	C	d :	e	f	q	a	h	i
CASE	MIX BASED RATE CALCULATIONS		ļ					ì		i j		1
	Center Peer Groups	free Ports All 10		1			_	!	1			}
, 0031	Type of Facility within Peer Group	(see Policy Manual)	:	. All Facilities	1 All Englisher	2 Free Standing	1 All Facilities	1 All Facilities	1 1			2
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Facilities All Bed Sizes			ı
Peer	Group Standards & Efficiency Measure Limits					1				1		
	r Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		!
	r Group Standards: Multiplier	(see Policy Manual)	I .	100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base	Period Per Diem Allowed Amounts					:			3	:		
5 As f	Filed Cost Center Costs (Routine & Special Sives 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	so
6 Aud	it Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$389,506)	\$0	\$0	\$0	\$0	\$1,892			(\$38,357)	1
7 Cos	t Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,899,136	\$2,802,923	\$0	1	\$185,219	\$293,973	, (,	\$2,885	\$221,073	\$38,357
8 T	otal Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,077			1	7	4-10,510	1	42,000	V221,013	400,001
Т	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days				1			1	33,075		
9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 B	lase Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	i	1.6744			•	: '			40.10	\$7.10
11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	e 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	\$1.13
Quart	terly Per Diem Rate Prior to Add-ons					: :			1	: ;	(FRV)	
	wth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.16	\$9.02	\$0.00	\$2.78	\$2.58	\$0.00				!
!	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.88	\$58.14	\$0.00	\$17.90	\$2.58 \$16.64	\$0.00	•	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	3132.00	1.9325	30.00	\$17.90	\$10.04	20.00	\$24.34	\$0.09	\$14.64	\$1.13
1 1	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ដែπ 16 x Ln 17		\$112,36				;	:	1 1		
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$187.10	\$112.36	\$0.00	\$17.90	\$16.64	\$0.00	\$24.34	\$0.09	\$14.64	\$1,13
Ouart	terly Per Diem Add-on Amounts					:	0.0.0			40.00	\$14.04	. 41.13
1 2	ciency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	64.40	***	***)	:		:
	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
1 -	se Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$1,12 \$2.25	\$1.12 \$2.25					•	:		
	sing Home Provider Fee	(Fixed Amount)	\$17.10	₽2.∠ 5		i i		! 		i		
1 :	al 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 \$17.10	50.00	en oo	
·	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.73	\$3.90 \$116.26	\$0.00	\$18.12		 	-	\$0.00	\$0.00	\$0.00
			· · · · · · · · · · · · · · · · · · ·	\$110.26	90.00	\$15.12	\$17.05	\$0.00	\$41.44	\$0.09	\$14.64	\$1.13
26 - Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0.75	\$143.72									

	wider: Rose City Health and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prv	rdr ID: 00083311A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 34.6% 3.45	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.5200 1.6775 1.7074	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
i			а	b	C	ď	е	f	9	9	h	i
CA	ASE MIX BASED RATE CALCULATIONS											!
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	. 1	1		
	Type of Facility within Peer Group	,	i	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	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		ı			1 1				1		i
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	: :		
3	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%	:	105.0%	: :		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		!
	Base Period Per Diem Allowed Amounts			:		1				,		:
5	As Filed Cost Center Costs (Routine & Special Sives 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	5
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)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580			\$126,624	
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503		•-			,		42,001	0120,024	. 421,50
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days				1				23,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$1.1
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.5200		1	*				40.00	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	ı	\$45.72		:						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$45,72	\$0.00	\$16,21	\$12.63		\$27.09	\$0.11	\$5.39	: : \$1.1
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	1	\$20.56		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		10.14	\$1.1
							4,5,5	:	420.00		(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons					1 :		1			, ,	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$17.48	\$8.40	\$0.00		\$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	\$1.1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7074		1			1	1		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	I	\$92.40		;		; }	i.			-
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, Al Othr = Ln 16	\$162.32	\$92.40	\$0.00	\$19,19	\$14.95	\$0.00	\$24.34	\$0.11	\$10.14	\$1.1
	Quarterly Per Diem Add-on Amounts		1			i i						i
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	1 .	\$0.00	!
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31		1	40.71		ψ0.00	1	Ψ0.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.85	\$1.85		1		:				İ
23	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	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.74	\$97.09	\$0.00	519,41	\$15.36	\$0.00	\$41.44	\$0.11	\$10.14	
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75			77.00		4.0.00	. 40.00	771.44	40.11	410.14	\$1.1

	rovider: Roselane Health and Rehab Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Р	rvdr ID: 00831751A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score uality Incentive:	N/A 26.3% 3.53	18.37% 1.0% 3.0%	Ortrly Meaid		d Overall CMI Medicaid CMI Mobil Options		1.5874 1.6062 1.6342	1.3617 1.5438 1.5713
	1		o por on one baji a	danty mocnitive.	0.00	J.0 /b	Citily Mcaid	CWI W ITOG	rrgin Opilons		1.6342	1.5/ 13
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS	:				1				' !		
1	Cost Center Peer Groups					1 1			<i>i</i>	i .		:
	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Casiffica	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities	1		
	Bod Size Range wilhin Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	1	All Bed Sizes			1
	Peer Group Standards & Efficiency Measure Limits					71.7 200 0.200	7 117 DOG 01200	, An Dea Circs	. All Dog 51203			
2	Peer Group Standards & Emiciency measure Limits Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	FO 081			•
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	:		
	Base Period Per Diem Allowed Amounts								:	l i		
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,250.74	\$4.527.903	S0	\$783,412	\$278.374	\$481.065	\$1,196,566	\$3,214	\$592,717	S
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,774)	\$14,162	\$0		\$270,374	\$461,005	,			7
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0		\$278.374		(\$100,936 \$1,095,630	' 1	(\$105,761)	
8	· ·	FY12 Audited C/R Days	45,393	34,542,005	40	3/03,412	\$210,314	\$461,005	\$1,090,030	\$3,214	\$486,956	\$105,76
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days	40,000	i		1				44,524		{
9	Net Per Diems prior to Case Mix Adistmt to Routine Srycs	£n7/£n8Cola	\$171.32	\$100.06	\$0.00	\$17.26	\$16,73	(with L&H)	\$24,14		\$10.73	\$2.33
10		from 4 gtrs of FY12	\$171.52	1.5874	. 40.00	\$17.20	\$10.73	(Will Edil)	\$24,14	\$0.07	\$10.73	\$2.33
11	· · · · · · · · · · · · · · · · · · ·	Լո 9 / Լո 10		\$63.04		1				1		
12		RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.3
13	•	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56	\$0.00	\$10.73 N/A	φ2.3
14	· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	\$134.79	\$63,04	\$0.00		\$16.73		\$20.56	\$0.00	14.80	\$2.33
			4 101110		40.00	011120	Ψ10.13	1	. 920.00	40.01	(FRV)	φ2.3.
	Quarterly Per Diem Rate Prior to Add-ons	·				1			:	ļ	(,,,,,	
15	•	Ln 14 x Grwth Allwnc %	\$21.60	\$11.58	\$0.00		\$3.07	\$0.00	\$3.78	N/A	N/A	N/A
16		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		per Current Otr End		1.6342		į į		1		1		
18 19		En 16 x Ln 17		\$121.94		1						
19	Quarterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOlhr = £n 16	\$203.71	\$121,94	\$0.00	\$20.43	\$19.80	\$0.00	\$24,34	\$0.07	\$14.80	\$2.3
	Quarterly Per Diem Add-on Amounts	:				1		1				
20	Efficiency Add-on Per Diem ((Strid - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22		1		•		1		!
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.66	\$3.66		:				1		!
23	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	\$0.0
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) 1 0.75	\$157.31			·		1	·	<u></u>		<u></u>
		,,	4,01.01									

Provider: Rosemont at Stone Mountain		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00587331A		Gro	wto Allowance:	N/A	18.37%			Overall CMI	•	1,2404	1.3617
Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	trly BIMS score	44.6%	2.5%			Medicaid CMI		1.7536	1.5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.58	2.0%	Ortrly Moaid	CMI w RUG \	Wght Options:	:	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
		а	ь	C	d	е	f	9	g	h	· i
CASE MIX BASED RATE CALCULATIONS									1		***************************************
1 Cost Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1	: • 1			
Type of Facility within Peer Group	(SEST SILLY MEMBER)		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	1	All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits	<u> </u>		•		i :				-		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	 	50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	į .		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	:		!		: :		1				
5 As Filed Cost Center Costs (Routine & Special Stress 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 Adjstmts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816	ıl İ	(\$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	'	\$295,508	\$134,103
8 Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566					!			4	4.0.,.00
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GtPL Ins Rpt Days				:				49,615		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17,33	7 1	\$5.84	\$2.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404		1					4-1- 7	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	;	\$57.57		: · · · · ·				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = £n 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 Srvcs)	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	1	\$17.33	\$3.28	12.06	\$2.66
Quarterly Per Diem Rate Prior to Add-ons	:	:			:					(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$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	\$2.69
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7867	. 40.00	917.02	Ψ20.03	30.00	920.51	\$3.20	\$12.00	\$2.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$121.76						1		
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 ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	1	50 cc	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04	φυ.υυ	\$U.22 ·	3V.41	⊅ 0.00	\$0.37	1	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.44	\$2.44		1			k .	1		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	. 42.44					\$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
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		\$12.06	\$0.00
			w.e.,//		417.54	\$20,50	20.00	231.70	33.20	312.06	\$2.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.87									

Provider Prvdr ID			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PIVOFIL	J: 0014294ZA Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trly BIMS score	N/A 23.5%	18.37% 1.0%			d Overall CMI: Medicaid CMI:		1.2961	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q		4.88	3.0%	Ortrly Moaid	CMI w RUG 1			1,2688 1,2872	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS					:			1			
1 Cos	st Center Peer Groups	(see Policy Manual)		1	4	2	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	1		
	er Group Standards & Efficiency Measure Limits											I :
	eer Group Standards: Percentile	(see Policy Manual)	i .	90.0%	90.0%	90.0%	85.0%	1	50.0%			
	eer Group Standards: Multiplier Hiciancy Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		I
	inciency weasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			I I
Bas	e Period Per Diem Allowed Amounts							•				
	s Filed Cost Center Costs (Routine & Special Srvcs 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
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	. \$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70.16
	ost 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
	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995					1				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days				;		-	!	30,584		
	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2961</u>		:		ĺ	i ,	1		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$65.75		1		İ				•
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
!!	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase 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	\$2,13
Qua	arterly Per Diem Rate Prior to Add-ons		:			:				1	(FRV)	
15 Gr	rowth 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 CI	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 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		1		i		1		
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.18				i !		1		
19 : Qu	uarterly 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
Qua	arterly Per Diem Add-on Amounts					1		1		!		
	fficiency 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	i	\$0.00	
	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00	Ψ5.00	40.00	\$0.41	. 50.00	φυ.51		Φ0.00	s (
22 Nu	urse Staff Hrs / Quality Add-on Per Diern: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01				:		:		; ;
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			I
24 To	otal 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 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.49			1		<u>; </u>				1

	rovider: Roswell Nursing & Rehab Ctr	Ado	d-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C		•	Facility Specific	State- wide
•	Case Mix Per Diem Rate Effective Date:	1/1/2021		ly BIMS score	36.2%	2,5%			d Overall CMI: Medicald CMI:		1.6341 1.6991	1.4014 1.543B
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hours per 0	On-Site Day/Qua	lity Incentive:	3,41	2.0%	Ortrly Meaid		Wght Options:		1,7309	1,5713
Line #	Description	Sources / Calcutations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			à	b	С	d	e	f	g		h	i
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)			1		_					
Ċ	Type of Facility within Peer Group	(see roicy manual)		All Facilities	I All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
*	Emiliency measure maximums (see ine 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Strucs 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	s
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$211,557)	(\$39,976)	\$0	\$0	(\$1,285)	(\$2,011)	(\$163,544)		(\$77,460)	\$72,71
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	\$72,71
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 Adjstmt to Routine Srvcs	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	\$2,1
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.6341</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28,90	\$0.31	\$23,93	\$2.1
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$2.1
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwag %	\$24.22	\$13,47	\$0.00	\$3,01	\$3,33	\$0.00	\$4.41	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		N//
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4.07.52	1,7309	Q0,00	910.00	φε:,40	\$0.00	\$20,43	20.31	\$9,44	\$2.1
18	Ortrly Routine Srvcs 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	\$2.1
				·			,=	*****	******	00.07	05.11	V
o.c	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 22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cof b x CPS Add-on	\$3.76	\$3.76								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$0.0
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	\$2.1
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 Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Ho		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 44.5% 3.38	Add-on Percent 18.37% 2.5% 5.0%		Quarter	x (CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.3125 1.4467 1.4715	State- wide 1.3617 1.5438 1.5713
ne # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
A A SE MIN PAGE PATE AN ANN ATTANK		а	b	С	d	е	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			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 85.0% 100.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 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 Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56	\$188,573.00 65,261	\$10.84	\$0.54
Allowed @ 90% of Std	size = 1 contraction to an experience of the contract of experience (■ Contract of the contra	\$131.59	\$64.36		\$16.57	\$20.78		\$18.50		\$10.84	1
Growth Allowance 18.37%		\$22.08	\$11.82		\$3.04	\$3.82		\$3.40		\$10.0 (40.0
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$156.56	\$76.18 <u>1.4715</u> \$112.10		\$19.61	\$24.60		\$21.90	\$ 2.89	10.84 (FRV Rate)	\$0.54
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$192.48 \$2.80 \$5.61 \$0.00 \$8.41	\$112.10 \$2.80 \$5.61		\$19.61	\$24.60		\$21.90 -	\$2.89	\$10.84	\$0.54
Quarterly Case Mix Based Per Diem Rate		\$200.89	\$120.51		\$19.61	\$24.60		\$21.90	\$2.89	\$10.84	\$0.54
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$150.67							72		¥10.01	40.01

Provider: Savannah Beach Nursing & Rehab Center Prvdr ID: 00142876A		Add-on Data and	***************************************	Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: Idy BIMS score uality Incentive:	N/A 40.6% 3.55	18.37% 2.5% 2.0%	Ortrly Moaid	Quarterly M	l Overall CMI: Medicaid CMI; Wght Options:		1.1996 1.6291 1.6602	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	Properly and Related	Taxes and Insurance
:		а	b	С	d	е	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS	:										
1 Cost Center Peer Groups	(see Policy Manual)		. 1		2	1					
Type of Facility within Peer Group	(see Folicy Maritial)		All Facilities	All Facilities	Free Standing .	1 All Facilities	1 All Facilities	All Facilities	: [
Bed Size Range within Peer Group					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					1						
5 As Filed Cost Center Costs (Routine & Special Sives 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 AdjsImts	\$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	50	\$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				**********	ψ. E. 70 (0	0202,010	000,-01	Ψ017,054	\$12,100
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 Adjstmt to Routine Srvcs	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 qlrs of FY12		1.1996			*	, , , ,			0.0.00	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35						: !		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		9.49	\$0.74
Overdante Por Diom Bate Dringto Add	:		:		:					(FRV)	:
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	\$20.20	£44.07	£0.00		***	***				:
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$20.39	\$11.27	\$0.00	\$2.77	\$3.08	\$0.00		N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$143.91	\$72.62	\$0.00	\$17.87	\$19.84	\$0.00	\$21.07	\$2.28	\$9.49	\$0.74
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6602 \$120.56					4			
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$191.85	\$120.56	\$0.00	\$17.87	\$19.84	\$0.00	\$21,07	\$2.28	\$9,49	\$0.74
		***************************************	V120.00	40.00	411.01	0 13,04	Ψ0.00	. 421,07	Ψ2.20	55.45	\$0.74
Quarterly Per Diem Add-on Amounts	dana Ballan Adamath	.				_			:		
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	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.01	\$3.01		· .				1		:
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.41	\$2,41		: ;						•
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount)	\$17.10	: :		1			\$17.10	<u>:</u>		
	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						*	· Marie · · · · · · · · · · · · · · · · · · ·		

Provider: Scott Health & Rehabilitation Prydr ID: 00141644A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 25.0% 3.49	18.37% 1.0% 3.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3422 1.5190 1.5444	1.3617 1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·		а	ъ	С	d ·	е	f	g	g	h	; 1
CASE MIX BASED RATE CALCULATIONS					1		1				İ
1 Cost Center Peer Groups	(see Policy Manual)	·	. 1	1	2	1					
Type of Facility within Peer Group	tsea rolley wallday		. All Facilities	. I All Facilities	-	T All Facilities	1 All Facilities	All Facilities	,		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		: All Bed Sizes	1		
Peer Group Standards & Efficiency Measure Limits					1		1	1	1		1
2 Peer Group Standards: Percentile	(see Policy Manual)	•	90.0%	90.0%	90.0%	85.0%	:	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			:
Base Period Per Diem Allowed Amounts								:			
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728			\$81,922	\$13,189
8 Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289			1	4100,001		00.2,000	400,-10	401,322	\$10,100
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days				1		:		19.880		 -
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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			•	1			V-1.20	φυ.σε
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,33						1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. 45.50
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	į.	\$19.34	\$3.44	9.43	\$0.68
On the Branch Br					:				1	(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 18,37%	Łn 14 x Grwth Allwnc %						:				
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc %	\$19.82	\$10.16	\$0.00	\$2.82	\$3.29	\$0.00		N/A	N/A	N/A
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qir End	\$141.28	\$65.49	\$0.00	\$18.15	\$21.20	\$0.00	\$22.89	\$3.44	\$9.43	\$0.68
18 Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5444		1				1		
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	6476.00	\$101.14		010.45	401.00					!
Lead Control of the C	1.0 - Eli 10, Allouii - Eli 10	\$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					1		:		i i		i
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	1	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Łп 19 Col b x CPS Add-on	\$1.01	\$1.01		1				i i		i
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03		į .			1			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$17.10			I I
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	i		·		·	·	<u></u>		L.

Provider:			Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
Prvdr ID:	: 00142898A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		with Allowance: Irly BIMS score vality Incentive:	N/A 52.9% 6.03	18.37% 5.5% 3.0%	Qrtrly Mcaid		l Overall CMI; Medicaid CMI; Vght Options;		1.2990 1.5600 1.5864	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
		<u> </u>	а	b	С	ď	е	f	g	9 ;	h	l
CASE	MIX BASED RATE CALCULATIONS					:			:	1		
1 Cost	Center Peer Groups	(see Policy Manual)		. 1	1	2	1	-	. 1	1		
	Type of Facility within Peer Group Bed Size Range within Peer Group	(233, 313) (131, 23)		All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits	ı	•			- !			i	1		
3 <i>Pe</i> e	er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see lino 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	· · ·	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Rasa	Period Per Diem Allowed Amounts	•				:						I I
	Filed Cost Center Costs (Routine & Special Srycs 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	£200 440	
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$2,120,930	\$0 \$0	\$451,303	(\$105)				\$329,146	* \$0
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0 \$0		\$260,573	\$256,531	(\$74,471) \$499,171	\$58,612	(\$25,030) \$304,116	\$24,900 \$24,900
	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225	ΨΕ, 120,500	40	- COC,1C+-C	\$200,075	φ230,331	, 3499, 111	\$30,012	\$304,116	\$24,900
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Davs				: :				27,219		!
	t Per Diems prior to Case Mix Adjstrat to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990	40.00		\$10.0Z	(Min Edity	\$17.03	Ψ2.13	\$10,77	. 40.00
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07		1						
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	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 (After Statewide CMA for Routine Stycs)	per Peer Group Limits	i I	\$71.51	\$0.00	1	\$23.09		\$20.56		N/A	. 40.00
14 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 ar Ln 13	\$122.98	\$58.07	\$0.00	1	\$18.32		\$17.69		9.88 (FRV)	\$0.88
	terly Per Diem Rate Prior to Add-ons			:						1	,,,,,	
	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$20.23	\$10.67	\$0.00		\$3.37	\$0.00	\$3.25	N/A	N/A	N/A
	IA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		<u>1.5864</u>					:	1		i
	ગતાં ત્રાતાં પ્રાથમ કાર્ય કરાયાં વિવાસ કરાયાં વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવા વારાયાં મુખ્યાં મુખ્ય માં આવેલા મુખ્ય વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ વિવાસ	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$183.52	\$109.05 \$109.05	\$0.00	\$18.93	\$21.69	\$0.00	\$20.94	\$2.15	\$9.88	\$0.88
	•	· · · · · · · · · · · · · · · · · · ·	:	. • • • • • • • • • • • • • • • • • • •	40.00		ψ£1.03	φ0.00	320.54	92.13	фэ.00	: 20.00
	terly Per Diem Add-on Amounts	(and Delieu Manual)								1		1
	iciency Add-on Per Diem {[Stnd - Alwd] x .75, up to max, or 0} 4S Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$6.00	\$0.53 \$6.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$6.00		: :						
e e	rsing Home Provider Fee	(Fixed Amount)	\$17.10	33,21					\$17,10	. :		
	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.90	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	
·	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.42	\$118.85	\$0.00	·	\$22.10	\$0.00	\$38.41	\$2.15	\$9.88	\$0.00 \$0.88
	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	i.	7		1 7,57,6	422. 10	40.00	V-V-1-1		43.00	. φυ.σο
ZO GUAF	terry ner preminate for bed note and Leave Days	(LII 25 - LII 23) 0.75	\$145.74									

Provider:	Seminole Manor Nursing Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		trly BIMS score	33.3% 4.09	18.37% 2.5% 3.0%	Qrirly Moaid		d Overali CMI Medicaid CMI Wght Options	•	1.2760 1.0534 1.0645	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
-			а	ь	С	d .	е	f	g	9	h	i
CASE M	IIX BASED RATE CALCULATIONS		:					!	:			
1 : Cost C	Center Peer Groups	(see Policy Manual)		. 1	1							
	Type of Facility within Peer Group	(see Folicy Matitual)		All Facilities	1 All Facilities	. Hosp Based :	1 All Facilities	All Facilities	. 1 All Facilities	, 1		
	Bed Size Range within Peer Group		•			All Bed Sizes	All Bed Sizes	All Bed Sizes				*
Peer G	Group Standards & Efficiency Measure Limits		•]		,
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Effici	iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	4	\$0.37			*
Base F	Period Per Diem Allowed Amounts							•				
5 As Fi	iled Cost Center Costs (Routine & Special Srvcs 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	
6 Audit	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)			1 1	(\$15,449)	
1	Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082		\$0	\$821,360	\$349,041	\$243,801	\$506,579		\$166,351	\$12,105
. 8 To	otal Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926			1 1027,000	40 10,0 11	02-10,001	4500,515	40.071	Ψ100,551	, \$12,100
. To	otal Nursing Facility Days GtPL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days		. :				1	i	21,033		1
9 Net F	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37,46	\$27.04	(with L&H)	\$23.10		\$7.59	\$0.55
10 Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760		1	•=	, , , ,			Ψ7.00	, 40.00
11 Ro	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$66.60				!				
12 Net F	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04	1	\$23,10	\$0.27	\$7.59	\$0.55
13 Per [Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$71.51	\$0.00	\$29.15	\$23.09	1	\$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	i	\$20.56	\$0.27	9.04	\$0.55
: : Ouarte	erly Per Diem Rate Prior to Add-ons			. '						!	(FRV)	
1 .	vth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$25.60	\$12.23	\$0.00	\$5.35	\$4,24	\$0.00			***	
1	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.86	\$78.83	\$0.00	\$34.50	\$27.33	\$0.00	\$3.78 \$24.34	1	N/A	N/A
1	uarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$174.00	1.0645	\$0.00	. 934,50 .	\$21.55	\$0.00	\$24,34	\$0.27	\$9.04	\$0.55
	rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.91								:
	terly 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
	•			333,01	45.50	40.1.00	42,.03		Ψ2.7.04	QU.21	φ9,04	φυ.ac
	erly Per Diem Add-on Amounts					f :				1		
	iency Add-on Per Diem. {(Stnd - Alwd) x. 75, up to max, or 0) S Add-on Per Diem.⇒ 2.5% (to Rouline Srys)	(see Policy Manual) En 19 Col b x CPS Add-on	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
	mana (Ln 19 Col b x CPS Add-on Ln 19 Col b x Slfng Add-on	\$2.10	\$2.10		:			,			
	e Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Cot b x Sting Add-on (Fixed Amount)	\$2.52	\$2.52								1
•	Ing Home Provider Fee	(Fixed Amount) Sum of Les 20 thre 23	\$17.10 \$22.25		***		***		\$17.10	1		1
· · · · · · · · · · · · · · · · · · ·				\$5.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10		\$0.00	\$0.00
25 Quarte	erly 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 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.82			-						

Provide			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
Prvdr II	ID: 000830827B Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI:		1.2904	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		ડ per On-Site Day/Q	trly BIMS score uality Incentive:	24.0% 3.33	1.0% 3.0%	Ortrly Meaid		Medicaid CMI; Wght Options:		1.4325 1.4575	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admín and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f	9	g	h	1
CASE	E MIX BASED RATE CALCULATIONS			:				:	1			
	st Center Peer Groups											
. 1 00:	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	7 All Facilities	2 Free Standing	1 Ali Facilities	1 All Facilities	1 All Facilities	1		
.	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
Per	er Group Standards & Efficiency Measure Limits	•		:			****			1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 P	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	i	105.0%	1		
4 E	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	*	\$0.37	:		
Ba	se Period Per Diem Allowed Amounts	:		:				1		: :		
	As Filed Cost Center Costs (Routine & Special Srvcs 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 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	SO.	(\$1,205)	\$108,294		(\$1,467,220)		\$20,220	\$137,022
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279		\$1,071,367	\$792,206		\$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		•		4.02,200	4000,, 22	, 42,230,000	4225,500	Ψ177,0 0 4	Ψ137,022
: :	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL ins Rpt Days	20,012	:		į į			4	60,291		
. 9 N	Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22,43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.2904	•	1	*==:::	, , , , , , , , , ,	1		V12.50	ΨΖ.ΟΙ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$88.30		1				: :		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22,43		\$38.69	\$3.80	\$12.50	\$2.31
13 P	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	Ψ2.0
14 B	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	\$2,31
_	Part Barrella Barrella Barrella A. A. A. A. A. A. A. A. A. A. A. A. A.										(FRV)	
	rarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage 18.37%	Ln 14 x Grwth Allwing %	****					!		1 7		
		Ln 14 x Grwin Allwiic %	\$24.36	\$13,14	\$0.00	\$3.32	\$4.12	\$0.00		N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$179.59	\$84.65	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
18	· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17		1.4575				i				
ι.	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$218.32	\$123.38 \$123.38	60.00	604.97	the cr	60.00		20.00	440.00	
		10, ratom = £n 10	9410,34	\$123.30	\$0.00	\$21.37	\$26.55	\$0.00	\$24.34	\$3.80	\$16.57	\$2.31
	arterly Per Diem Add-on Amounts					: ;		!		1		
1	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	
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,23	\$1.23		1			1			
i	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70		1			1			
	Nursing Hame Provider Fee	(Fixed Amount)	\$0,00			1			\$0.00			
24 T	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 Qu	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.91					·	·i	L		
			4.21.01	:								

Provider Prvdr ID	·		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Case	e Mix Index (C			Facility Specific	State- wide
PIVUELL	Case Mix Per Diem Rate Effective Date:	1/1/2021		trly BIMS score	N/A 40.5%	18.37% 2.5%			d Overali CMI: Medicaid CMI;		1.2093 1.3196	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hour	s per On-Site Day/Q	uality Incentive:	4.73	3.0%	Ortrly Moaid		Wght Options:		1.3377	1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· · · · · · · · · · · · · · · · · · ·	THE LEGISLATION OF THE PROPERTY OF THE PROPERT		а	b	C	d	6	f	g	9	h	i
CASE	MIX BASED RATE CALCULATIONS					1 :		:	1			
1 Cos	st 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	1		!
:	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bad Sizes			ſ
Peer	r Group Standards & Efficiency Measure Limits				•	1		:				
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			1
4 EII	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts	:						•				:
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635	1 1	(\$155,824)	
7 : Co	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713		\$121.553	\$142,371	
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647			1						,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpl Days								23,788		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2093		1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41		1			:	1		
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10	: : !	\$25.61	\$5.11	\$6.58	\$1,17
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.76	\$71.51	\$0.00	\$17.91	\$23.09	I	\$20.56	\$5.11	10.41	\$1.17
Oua	arterly Per Diem Rate Prior to Add-ons					1		I	:		(FRV)	
	rowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$24.45	\$13,14	\$0.00	\$3.29	\$4.24	\$0.00	\$3,78	NUA	***	. BICA
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.21	\$84.65	\$0.00		\$27.33	\$0.00			N/A \$10.41	N/A
1 :	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Ψ(74.2)	1.3377	. 50.00	\$21.20	\$27.33	\$0.00	324.34	\$5.11	\$10.41	\$1.17
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.24		<u> </u>		· !				
	uarterly 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
Oun	arterly Per Diem Add-on Amounts										• • • • • • • • • • • • • • • • • • • •	
	fficiency Add-on Per Diem ((Stad - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	. \$0.00	\$0.22	\$0.00		: #0.00		***	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83	. \$0.00	\$0.22	Φυ.00	\$0.00	\$0.00	* * * * * * * * * * * * * * * * * * * *	\$0.00	:
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.40	\$3.40					:			
	ursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ υ.40		1			\$17,10			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.55	\$6.23	\$0.00	\$0.22	\$0.00	\$0.00			\$0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$226.35	\$119.47	\$0.00		\$27.33	\$0.00	\$41.44	\$5,11	\$10.41	\$1.17
		// - 06 / - 00) t 0 75			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4204	40.00	******	40,11	910.41	41.17
∠o uua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.94									

Provider: Signature HC of Buckhead Prvdr ID: 00040763A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: trly BIMS score	Facility Score N/A 30.1% 1.96	Add-on Percent 18.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5246 1.7854 1.8202	State- wide 1,3617 1,5438 1,5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d ;	е	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS	i.				1		;			:	1
Cost Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)	•	1 All Facilities All Bed Sizes		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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	• · · · · · · · · · · · · · · · · · · ·	50.0% 105.0% \$0.37			:
Base Period Per Diem Allowed Amounts	•				. :		! !		1		1
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)	d i	(\$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		1	\$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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$63.05	}	:				1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51		\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or £n 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
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		1	\$10.13	\$4.36
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.8202			422.71	00.00	;	Ψ5.01	\$10.13	Ψ4.00 :
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.84				l	1			!
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	•						1			:	
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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.40	\$3.40			÷11	15.50		`	ψυ.συ	i
22 Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2,72		1			1			;
23 Nursing Hame 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			\$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	:				1				
<u> </u>	***************************************		;								

Provider: Prvdr ID:	• • • • • • • • • • • • • • • • • • • •		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PIVOLID	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: tirly BIMS score tuality Incentive:	N/A 18.7% 3.27	18.37% 0.0% 3.0%	Ortrly Meaid	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.4557 1.8586 1.8952	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	<u>C</u>	. d ,	е	<u>f</u>	g	9 .	h	i
CASE	MIX BASED RATE CALCULATIONS		I									
1 Cost	Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1	1		i	
	Type of Facility within Peer Group		į	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			
	Group Standards & Efficiency Measure Limits		•					i		:		
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	 	50.0%	1		
	er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	: !	105.0%	1		
		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	!	\$0.37	:		
Base	Period Per Diem Allowed Amounts		:	:		: :						
	Filed Cost Center Costs (Routine & Special Srvcs 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
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
	st 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
	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	:	i		1 1				46,909		
	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4557</u>		1			•	· '		
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$66.09		:						
	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41 :	\$23.09		\$20.56	\$0.00	N/A	
14 Bas	se 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	\$2.05
Quar	terly Per Diem Rate Prior to Add-ons		i						•	! :	(FRV)	
	owth 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 CM	IA 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 0	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8952						41.33	¥12.50	\$2.00
18 0	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.26								
19 Qua	arterly Medicaid CMA Allowed Per Dierri	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
Quar	terly Per Diem Add-on Amounts		•								,	
	ciency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	; #0.00	60.44			1		
	//S Add-on Per Diem = 0.0% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	. 40.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nur	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$4,45	\$4,45		1		1				
1	rsing Home Provider Fee	(Fixed Amount)	\$17.10					!	\$17,10			
24 Total	al 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 ·	en nn
25 : Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$255.34	\$153.24	\$0.00	\$21.79	\$22,47	\$0.00	\$41,44	\$0.00	\$0.00 \$12.36	\$0.00
-			- Anna -	7100.24	40.00	95.1.13	3££.41	30.00	341.44	\$1.99	\$12.36	\$2.05
40 QUAN	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.68	!								

	ovider: Signature Healthcare of Savannah		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
PN	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse		wth Allowance: trly BIMS score uality Incentive:	N/A 21.6% 2.60	18.37% 1.0% 3.0%	Ortrly Moaid		d Overall CMi: Medicaid CMi: Wght Options:		1.6565 1.8241 1.8600	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
			а	5	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS					:		:				
	Cost Center Peer Groups	(and Deline Manual)	•	. 1	1		1	:	· : •	1		
. 1 :	Type of Facility within Poer Group	(see Policy Manual)		All Facilities		2 Free Standing	7 All Facilities	1 All Facilities	1 All Facilities			
1 1	Bed Size Range within Peer Group			All Bod Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		i i			1				1	,	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	*	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts									1		
5	As Filed Cost Center Costs (Rouline & Special Srycs 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 Adjstmts	(\$481,576)		\$0		\$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		\$228,810		\$1.057,016	' 1	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800					:	:	1111111	422, 12.	0.0,0.1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-Pt Ins Rpt Days				:				38,127		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	•	\$50.31							•	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.25
: :	Quarterly Per Diem Rate Prior to Add-ons							:		1	(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18.21	\$9.24	\$0.00	\$2.66	\$2.53	\$0.00	£2.70			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.77	\$59.55	\$0.00		\$2.53 \$16.32	\$0.00	\$3.78 \$24.34	1	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	J123,77	1.8600	. \$0.00	\$17.14	\$10.32	30.00	\$24.34	30.92	\$10.25	\$1.25
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 16 x Ln 17		\$110.76					•	1		
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
l :	•						\$70.0 <u>2</u>		ΨΕ4.04	\$0.52	\$10,23	\$1.23
	Quarterly Per Diem Add-on Amounts					1 2 1	_	1			,	,
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	1	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
23	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10			
			\$22,69	\$4.96	\$0.00	4	\$0.41	\$0.00	\$17.10	-	\$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					······				

	ovider: Smith Medical Nursing Care Center vdr ID: 00143008A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		wth Allowance: trly BIMS score	Facility Score N/A 39.5% 2.34	Add-on Percent 18,37% 2.5% 0.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 0.9535 0.9600 0.9697	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
0	ASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g	9	h	i
- 00	N 65 Al											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(see Folicy Manual)		φυ.55	φυ.υυ	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 As Filed Days = 16,988	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	FY 18 GL-PL Ins Rpt Days								17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		0.9535								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	NIA	NICA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$103.63	\$46.93	\$0.00	\$1.67	\$13.41		***************************************		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	φ103.03	0.9697	\$0.00	\$11.07	\$13.41	\$0.00	\$17.76	\$2.81	\$10.18	\$0.87
18	Ortrly Routine Srvcs 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
		,	\$10Z.Z1	Ψ43.51	\$0.00	\$11.07	\$15.41	φυ.υυ	\$17.70	\$2.01	\$10.16	\$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.77	\$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									

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

				Facility	Add-on					Facility	State-
Provid	der: Social Circle Nursing and Rehab Center		Add-on Data and Percentage	Score	Percent	Cas	se Mix Index (CMI) Data	-	Specific	wide
Prvdr	ID: 00143041A		Growth Allowar	ce: N/A	18.37%		Base Perio	d Overall CMI:		1.5267	1.4014
	Case Mix Per Diem Rate Effective Date:	1/1/2021	Qtrly BIMS so	ore 31.7%	2.5%		Quarterly	Medicaid CMI:		1.8020	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20	Nurse Hours per On-Site Day/Quality Incent	ve: 3.15	3.0%	Ortrly Mcaio	CMI w RUG	Wght Options:		1.8366	1.5713
							Plant	Admin		Property	Tayes

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance i
C	ASE MIX BASED RATE CALCULATIONS											
<u>U/</u>												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	· ·			7 III DCG OIZCS	7111 DCG 01203	7th Dea Gizes	7 III Ded Cizes	7 III DCG OIZCO	7111 Dea 01203			
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: Netcentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.74
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End	ψ.σσ.σσ	1.8366	φοισσ	Ψ2	ψ.σ.σ.	φ0.00	Ψ20.10	ψ0.27	ψ0.00	Ψ0.7 .
18	Qrtrly Routine Srvcs 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	(and Delian Manual)		40.50	40.00	40.00	40.44	40.00	40.00			
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 Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89 \$4.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	(Fixed Amount)	\$4.67	\$4.67					¢17.40			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$26.82	\$9.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$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									

FINAL

Provider: Southern Pines Nursing Home Prvdr ID: 00140918A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 43.9% 3.69	Add-on Percent 18.37% 2.5% 2.0%	-	Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.64 \$23.31 \$186.68	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.8341 \$147.48	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 2.73	\$32.84 \$32.84 \$32.84 (FRV Rate)	\$0.91
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$253.75 \$3.69 \$2.95 \$17.10 \$23.74	\$147.48 \$3.69 \$2.95		\$20.70	\$25.97		\$23.12 17.10	\$2.73	\$32.84	\$0.91
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										

	ovider: Southland Nursing Home vdr ID: 00409054A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score s per On-Site Day/Quality Incentive:		Facility Score N/A 35.2% 3.21	Add-on <u>Percent</u> 18.37% 2.5% 4.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility Specific 1.4974 1.6703 1.6992	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	С	d	е	f	g	g	h	i
<u>C/</u>	SE MIX BASED RATE CALCULATIONS											
1	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	52,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,515	FY 18 GL-PL Ins Rpt Days								49,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4974</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6992								
18	Ortrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.20	\$3.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

	rovider: Southland Healthcare & Rehab Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00143558A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		owth Allowance: htry BIMS score luality Incentive:	29.8%	18.37% 1.0% 3.0%	Ortriy Meaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.5242 1.6298 1.6577	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-Pt. Insurance	Property and Related	Taxes and Insurance
-			а	ь	С	d	е	f	g	g	h	ì
: <u>c</u>	ASE MIX BASED RATE CALCULATIONS	! ·	•	: :		:		1				
1	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	1		Ι		
:	Type of Facility within Peer Group	(0001 0112) (11211221)		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				
:	Peer Group Standards & Efficiency Measure Limits			:					i.	1		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	Ι.		
3	Peer Group Standards: Multiplier	(see Policy Manual)	i	100.0%	100.0%	100.0%	100.0%		105.0%			
: 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
:	Base Period Per Diem Allowed Amounts			:								
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749.00	\$2,423,160	SO	\$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)			(\$38,826)	\$32,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,622,644	\$2,253,504	\$0		\$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				V (),		4002,010	4-3,773	\$000,004	ψυΖ, 174
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days				1			: !	33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5242		1	4.0.02	(111.11)	\$10.00	¥1,-1	\$10.75	. 40.51
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$41.75		1						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	. 40.91
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1,47	7.96	\$0.91
:	Overdeels Des Dies Bate Date de Add		1		i		*	!		U	(FRV)	Ψ0.31
: 15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %						1		1		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.10		\$0.00	\$2.51	\$3.05	\$0.00		N/A	N/A	N/A
17		per Current Qlr End	\$114.05	\$49.42	\$0.00	\$16.15	\$19.67	\$0.00	\$18.47	\$1.47	\$7.96	\$0.91
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6577 \$81.92		1				i '		
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	47.00	
:		•	0140.00	001.02	. 40.00	\$10.15	\$15.07	\$0.00	\$10.47	\$1.47	\$7.96	\$0.91
- 20	Quarterly Per Diem Add-on Amounts		! !		:	1				i :		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.82	\$0.82		:		:				
23	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$2.46	\$2.46	:	1		:	1			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10						\$17.10	: :	,	
			\$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				-	·		·		

FINAL

Provider: Southwell Health and Rehab Prvdr ID: 00059826A H/B ?: Yes	01/01/21 09/30/20 Nurse		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 43.2% 3.79	Add-on Percent 18.37% 2.5% 3.0%			iod Overall CMI: y Medicaid CMI:		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	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.37%	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2013 Peer Group Limit	\$168.79 \$25.94	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$73.90 \$70.21 \$12.90	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Hosp Based All Bed Sizes 90.0% 100.0% \$0.22 \$28.00 \$26.60 \$4.89	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.27 \$22.11 \$4.06	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$23.46 \$22.29 \$4.09	\$ 34,380 31,753	\$27.24 \$27.24	
CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$197.46	\$83.11 <u>1.3189</u> \$109.61		\$31.49	\$26.17		\$26.38	\$ 2.73	\$27.24 (FRV Rate)	\$0.3
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts 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		\$223.96 \$2.74 \$3.29 \$17.10 \$23.13	\$109.61 \$2.74 \$3.29		\$31.49	\$26.17		\$26.38 17.10	\$2.73	\$27.24	\$0.34
Quarterly Case Mix Based Per Diem Rate		\$247.09	\$115.64		\$31.49	\$26.17		\$43.48	\$2.73	\$27.24	\$0.3
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$172.49										

Provide	•		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	******		Facility Specific	State- wide
Prvdr II		44470004		owth Allowance:	N/A	18.37%			Overali CMI:		1.0832	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	ם rs per On-Site Day/Q	tirty BIMS score tuality Incentive:	12,5% 3.19	0.0% 3.0%	Ortrly Meaid	CMI w RUG \	viedicaid CMI; Wght Options:		1,3366 1.3594	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
. :			а	b	C	d	е	f	g	9 ;	h	i
CASE	MIX BASED RATE CALCULATIONS			!								
	at Center Peer Groups	(see Policy Manual)		1	. 1	2	1	1				i.
	Type of Facility within Peer Group	(see Policy Manual)		: 1 All Facilities	•	Free Standing	7 All Facilities	: All Facilities	: 1 ` All Facilities	:		:
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	<u>'</u>		
Pee	r Group Standards & Efficiency Measure Limits							:				
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	i .		*
4 EI	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
Bas	e Period Per Diem Allowed Amounts			1	:	:		:		: !		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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 A	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)		(\$16,933)	\$16,933
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306		\$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					1	1			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9 No	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81		1						
12 N	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83	1	\$15,13	\$3.05	\$11.04	\$0.67
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 : Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83	ı	\$15.13	\$3.05	8.35	\$0.67
Qua	arterly Per Diem Rate Prior to Add-ons										(FRV)	:
	rowth 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	
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.19		\$0.00	\$16.86	\$18,74	\$0.00	\$17.91	\$3.05	N/A \$8.35	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	ψ133.18	1.3594	90.00	310.00	\$10.74	\$U.UU	. pir.91	\$3,05	\$6.35	\$0.67
	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 16 x Ln 17		\$94.63	! ·	1						
	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$160.21		\$0.00	\$16.86	\$18,74	\$0.00	\$17.91	\$3.05	\$8.35	\$0.67
•	and the Despite and the American				!		*				40,00	. 40.01
	erterly Per Diem Add-on Amounts	(see Policy Manual)	64.50						i	: 1		
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) IMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53		\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	:	\$0.00	
	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00		1						
	ursing Home Provider Fee	(Fixed Amount)	\$2.84 \$17.10	\$2.84				İ				
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21.47		60.00	00.00	mn	***	\$17.10	:	** **	:
			\$21.47	\$3,37	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 , Ulu a	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.44									

	rovider: Stevens Park rvdr ID: 03143404A				wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Case		Overall CMI:		Facility Specific 1.6519	State- wide 1.3617
		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Qt rs per On-Site Day/Qu	rly BIMS score uality Incentive:	21.1% 3.78	1.0% 3.0%	Qrtrly Mcaid		Medicaid CMI: Wght Options:		1.6423 1.6748	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
<u> </u>	ASE MIX BASED RATE CALC	PILL ATIONS		a	b	С	d	е	f	g	g	h	i
		OCATIONS				1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Peer Group Standards: Percentile	/ Measure Limits			90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	100.0%	85.0% 100.0%		105.0%			
4	Efficiency Measure Maximums (see	e line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Am	ounts											
5	As Filed Cost Center Costs (Routine	e & Special Srvcs 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		FY12 C/R Audit Adjstmts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjus		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	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL	·	FY 18 GL-PL Ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adj		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 Case Mix Inde		from 4 qtrs of FY12		<u>1.6519</u>								
11	Routine Srvcs Case Mix Adjstd (C	, and the second	Ln 9 / Ln 10		\$70.91	40.00	400.40	400.04		***	***	407.05	04.00
12	Net Per Diems after Case Mix Adjstr		RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13 14	Per Diem Standards (After Statewide (per Peer Group Limits Lesser of Ln 12 or Ln 13	\$169.23	\$71.51 \$70.91	\$0.00 \$0.00	\$18.41 \$18.41	\$23.09 \$20.84		\$20.56 \$20.56	\$0.00	N/A 34.43	¢1.00
14	Base Period Case Mix Adjusted Allo		Lesser of Lit 12 of Lit 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 A		Land A. Constle Alleren of	****	***	40.00	40.00	**	***	40.70			
15	Growth Allowance Percentage =	<u>18.37%</u>	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$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	,	per Current Qtr End	\$193.25	\$83.94	\$0.00	\$21.79	\$24.67	\$0.00	\$24.34	\$3.02	\$34.43	\$1.06
17 18	Quarterly Facility <u>Case Mix Index</u> f Qrtrly Routine Srvcs Case Mix Adj		Ln 16 x Ln 17		1.6748 \$140.58								
19	Quarterly Medicaid CMA Allowed Pe		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 Amoun	uts											
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 =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per	r Diem = 3.0% (to Routine Srvcs)	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 An	nounts	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 Dien	n 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 Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.29									

	rovider: Summerhill Elderliving Home		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
1 14	rvdr ID: 00142139A Case Mix Per Diem Rate Effective Date:	1/1/2021		owth Allowance: krly BIMS score	N/A 45.1%	18.37%			d Overall CMI		1.3692	1.3617
-	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		45.1%	5.5% 3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.5179 1.5443	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operators	Admin and	A&G- GL-PL	Property and	Taxes and
		Calculations	а	<u>.</u>	С С	d	e	& Maint	General		Related	Insurance
_	ASE MIX BASED RATE CALCULATIONS						е	ļ	<u> 9</u>	9	h	
: -					•			i		1		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
i	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities		All Facilities	All Facilities	All Facilities			•
ſ				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits			:					:			
. 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
. 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41	: [105.0% \$0.37	1		
:	Base Period Per Diem Allowed Amounts						4 0.47					
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt :	\$8,273,605.00	\$4,493,073	\$0	\$1,081,800	\$525,800	6577 474	. 64 045 005	CADA OCT	6400 400	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)		\$0	\$00,000		\$577,474			\$428,498	\$0
. 7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845		\$1,081,800	(\$159) \$525,641		\$969,263	\$121,065	(\$59,884)	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55.253	\$4,412,045		\$1,001,000	φ323,04 i	\$001,120	\$909,203	\$121,000	\$368,614	\$52,892
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL ins Rpt Days	55,55					Ì	!	57,192		
. 9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$7,10.07	1.3692	Ψ0.00	915.50	Ψ21.30	Ima zary	. 911,04	\$2.12	30.07	\$0.96
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.34		:		,		: 1		•
: 12	Net Per Diems after Case Mix Adistmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09	t.	\$20.56	1	N/A	40.30
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	\$0.96
t		:								J	(FRV)	
	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Otr End	\$153.73	\$69.06	\$0.00	\$21.79	\$25.21	\$0.00	\$20.76	\$2.12	\$13.83	\$0.96
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5443		:		I		1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$191.32	\$106.65 \$106.65	\$0.00	\$21.79	\$25,21	\$0.00	\$20.76	\$2.12	540.00	
			V101.02			\$21.13	φεσ.ε ι	. 50.00	. 520.70	32.12	\$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20		:						
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	:					\$17.10			
-	†		\$27.48	\$9.60	\$0.00	\$0.00	\$0,41	\$0.00	\$17.47	-	\$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	1								

	ovider: Syl-View Health Care Center, Inc. odd ID: O0040796A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: atrly BIMS score	Facility Score N/A 35.3% 3.42	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1798 1.4132 1.4366	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	С	d	е	f	g	g	h	i
CA	SE 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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency weasure maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	φυ.υυ	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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							07.070		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	# 140.00	#50.04	00.00	04450	#45.05	4	040.00	27,272	47.00	#0.05
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 gtrs of FY12	\$110.83	\$58.94 1.1798	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3.15	\$7.96	\$0.65
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	ψ0.03
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	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons			,	, , , , ,	,	,		,	,	(FRV)	,
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End	ψ110.55	1.4366	ψ0.00	ψ17.10	ψ10.17	ψ0.00	Ψ12.17	ψ5.15	Ψ1.03	ψ0.05
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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									

Provide Prvdr IC	3,	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20		C	Percentages owth Allowance: Otrly BIMS score Quality Incentive:	Score N/A 20.5% 2.86	Add-on Percent 18.37% 1.0% 2.0%			Overall CMI Medicaid CMI		Facility Specific 1.1942 1.1721 1.1911	State- wide 1.3617 1.5438 1.5713
Line #	Description			rces /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(see I olloy Maridal)		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 Srvcs 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 Adjstmts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957	22.000,000,000	\$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 As Filed Days = 30,506	FY12 Audited C/R Days	30,506		1500	3400.00.000						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,626	FY 18 GL-PL Ins Rpt Days								27,626		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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				*			*****	40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.65
					27.000,000		N#00000000				(FRV)	40.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 18.37%	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		<u>1.1911</u>								
18	Ortrly Routine Srvcs 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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.57	\$0.57	40.00	40.22	40.41	ψ0.00	ψ0.57		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.13	\$1.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ŢIO					\$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	\$17.10	\$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
		107,100,800,00000		1	1.100	7.5.52	7.3.10	45.00	400,04	400	40.03	40.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$88.40									

\$97.43

\$147.00

(Ln 27 - Ln 23) * 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	Provider: Taylor County Health Care Prodr ID: 00432924A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	1/1/2021 09/30/20 Nurse Ho		owth Allowance: ttrly BIMS score	Facility Score N/A 44.2% 2.98	Add-on Percent 18.37% 2,5% 3,0%	-		d Overall CMI: Medicaid CMI:		Facility Specific 1.2388 1.5604 1.5891	State- wide 1.3617 1.5438 1.5713
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
· 			а	ь	C	d	е	f	. 9	g	h	i
: 0	CASE MIX BASED RATE CALCULATIONS					:		:				
1	Cost Center Peer Groups	(see Policy Manual)		. 1		2	1	1		! i		Í
	Type of Facility within Peer Group Bed Size Range within Peer Group	(See Folloy Mandar)	•	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities	All Facilities	All Facilities			1
				All ded Sizes	HII DUD SIZUS	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	for a Deferrable word)			00.007	00.000	25.004	:				1
. 3	Peer Group Standards: Nulliplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%	1		!
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
:	Base Period Per Diem Allowed Amounts											
: - 5		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	\$224 422	. \$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,368)	\$0	\$0	(\$1,391)	\$150,324	(\$221)			\$331,133	
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	(\$35,439) \$295,694	\$36,50
8	•	FY12 Audited C/R Days	23,918	,050,515		4007,404	\$100,024	Ψ2.15,507	ψ401,104	\$14,120	\$295,094	\$30,50
:	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 Adjstmt to Routine Srvcs	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	\$1.5
10		from 4 qtrs of FY12	}	1,2388	:		410.10	(**************************************		\$2.07	Ψ12.50	91.5
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	:	\$55.92						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	:	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	\$12.36	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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		10.96	\$1.5
	Quarterly Per Diem Rate Prior to Add-ons					1				1	(FRV)	
15		Ln 14 x Grwth Allwnc %	\$19.14	\$10.27	\$0.00	\$2.70	\$2.85	\$0.00	\$3.32	N/A	N/A	N//
16		Ln 14 + Ln 15	\$138.65	\$66.19	\$0.00	\$17.39	\$18.34	\$0.00	\$21.37	\$2.87	\$10.96	\$1.5
17		per Current Qtr End		1.5891		1 1		1		1		!
18		Ln 16 x Ln 17		\$105.18		i i				: i		:
: 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	\$1.5
:	Quarterly 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	Ì
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63		1				1 :	13.00	:
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.16	\$3.16		1		:				1
23	5	(Fixed Amount)	\$17.10	:		i i			\$17.10	:		1
24	Total Quarterly Per Diern 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	\$0.0
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	\$1.5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lπ 25 + Ln 23) * 0.75	\$138,72			·		· ·	i	!		L

1	rovider: The Bell-Minor Home, Inc.	A	dd-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	se Mix Index (C	CMI) Data		Facility Specific 1.4312	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per	Qtr	ly BIMS score	31,3%	2.5% 3.0%	Ortrly Meald		Medicaid CMI	:	1.7953 1.8311	1.3699 1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS							1				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	so.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$104,759)	\$0	SO.	\$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								4.7.2.4.2.2	
	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 Srvcs	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				İ				
11	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97								
12	Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0,00	\$13.54	\$17,90		\$26,20	\$3.89	\$33.19	\$1,88
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	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 Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$118,32	\$43,97	\$0.00	\$13.54	\$17.90		\$23,46	\$3.89	13.68 <i>(FRV)</i>	\$1.88
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Alfwnc %	\$18.17	\$8,08	\$0.00	\$2,49	\$3.29	\$0,00	\$4,31	N/A	A1/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136,49	\$52.05	\$0.00	\$16.03	\$3.29	\$0.00	\$4,31	\$3.89	N/A \$13.68	N/A \$1,88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1,8311	\$0,00		ψΕ,,13	1 50.00	\$21,77	\$3.69	\$13.08	\$1,58
18	Ortrly Routine Srvcs 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 ([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		An an	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.38	\$2.38	\$0.00	\$0,22	ŞV.41	. \$u,uu	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.36	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$2,00				100	\$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		L	<u> </u>		<u></u>	I		,	1 ,

Prvdi	Case Mix Per Dîem Rate Effective Date:	1/1/2021	Q	owth Allowance: trly BIMS score	18.3%	Add-on Percent 18.37% 0.0%	Cas		MI) Data I Overall CMI Jedicaid CMI		Facility <u>Specific</u> 1.2877 1.9000	State- wide 1,3617 1,5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	irs per On-Site Day/Q	uality Incentive:	2.69	3.0%	Ortrly Meald	CMI w RUG V	Vght Options:	:	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
			а	ь	С	d	e	f	g	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS				! !							
1 C	Cost Center Peer Groups	(see Policy Manual)		1	!		1				:	
	Type of Facility within Peer Group	(acc r only manual)		. I All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	. 7 All Facilities	1		
Į.	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes	All Bed Sizes				
P	Peer Group Standards & Efficiency Measure Limits			•		:)		1	:	
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier	(see Policy Manual)	! :	100.0%	100.0%	100.0%	100.0%		105.0%		!	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37		: !	
В	Base Period Per Diem Allowed Amounts					!			· ·		į	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,400,148.00	\$3,792,296	. S0	\$907.033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	***
- 1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)				\$0
	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021		\$276,239 \$1,050,949		(\$79,976)	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35.236	. 45,547,167	. 40	\$350,001	\$244,021	ф 494 , 152	\$1,000,949	\$148,372	\$976,988	\$2,664
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL ins Rpt Days	, 00,200			1				43,354		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.06	\$94.82	\$0.00	\$11,23	\$20,95	(with L&H)	\$29.83		¢07.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$100.00	1.2877	90.00	\$11,23	\$20,95	(IMILII LOCT)	\$29.03	\$3.42	\$27.73	\$0.08
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64		: [
	Net Per Diems after Case Mix Adistmt to Routine Srycs	RS = Ln 11, AllOlhr = Ln 9		\$73.64	\$0.00	\$11,23	\$20.95	:	\$29.83	20.40	207 Pa	** **
1	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	1			\$27.73	\$0.08
	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	1	\$20.56		N/A	
:	· · · · · · · · · · · · · · · · · · ·		. 4102.10	ا ۱٫۰۱۰ دو	00	311.23	\$20.95	 	\$20.56	\$3.42	24.38 · (FRV)	\$0.08
,	Quarterly Per Diem Rate Prior to Add-ons			:	· ·	· i				ı	(CUV)	
	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
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 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 Qlr End		1.9379				:				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$164.04				i	:			
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
Q	Quarterly Per Diem Add-on Amounts			: !								
20	Efficiency Add-on Per Diem ([Stnd - Atwd] 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	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	¥0.00		ψυ.Ψ1	40.00	φυ. υ υ	1	φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$4.92	\$4.92		i i				1		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10	1	İ	
	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	I control of	\$0.00	\$0.00
25 Q	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$277.00	\$168.96	\$0.00	+	\$25.21	\$0.00	\$41.44	•	\$24.38	
				. \$100.30	¥0.00	412.31	42J.Z1	30.00	341.44	\$3.42	\$24.38	\$0.08
26 Q	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.93									

	rovider: The Fountainview Ctr for Alzheimer's Disease vvdr ID: 00421429A	41412004		owth Allowance:		Add-on Percent 18,37%	Cas		Overall CMI:		Facility Specific 1.2118	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse F	lours per On-Site Day/Q	trly BIMS score luality Incentive:		5.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG !	Medicaid CMI; Wght Options:		1.5056 1.5312	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
: 			а	ь	С	d	е	f	g	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		*			1			:			
1	Cost Center Peer Groups	(see Policy Manual)		1		2	1	1	1	1 1		
	Type of Facility within Peer Group	(300 t oney manual)	•	. All Facilities	All Facilities	Free Standing	ı All Facilities	All Facilities	All Facilities	1		•
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes		All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits		i			1		1				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		•
. 3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	<i>t</i>	105.0%	1		•
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
	Base Period Per Diem Allowed Amounts		1			:		-	1			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$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 Adjstmts	(\$115,106)	(\$27,150)	SO	\$13,302	\$0	1 1	(\$101,258)		(\$167,822)	•
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	so.	\$941,631	\$463,144	(\$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		i		4100,171	\$ 120,000		Ψ1-10,000	ψ323,033	\$101,022
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days						1	i	42,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 qlrs of FY12		1.2118		1	4	1.020. = 4.0		Ψ3.50	\$10.00	Ψ4.12.
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	• •	\$68.89						:		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	, wa, i.e.
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	\$4,12
				1			V		. 420100	: 0.00	(FRV)	W-1, 12
46	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwing %				1				!		
15 16	Growth Alloward Percentage = 18.37%		\$23.84	\$12.66	\$0.00	\$3.38	\$4.02	\$0.00	\$3.78	N/A	N/A	N/A
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5312		1						
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr ≈ Ln 16		\$124.87		204	*****	1	:			
. 13	dualiterly Medicald OWN Allowed Fel Dielli	N3 = Eli 16, Anoun = Eli 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					1		1				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.87	\$6.87	I					:		
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.75	\$3.75	ı					1		:
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		:	1		i	\$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			<u> </u>		·	·	i i		
		(20.20 20.20) 0.70	4112.44	•								

FINAL

Provider: The Lodge Prvdr ID: 00142381A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs	-	ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 35.7% 4.56	Add-on Percent 18.37% 2.5% 3.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		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
CASE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) 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	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.54 \$23.31 \$185.92 \$253.70	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.8430 \$148.19	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12		\$33.65 \$33.65 \$33.65 (FRV Rate) \$33.65	
BIMS Add-on Per Diem = 2.5% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$3.70 \$4.45 \$17.10 \$25.25	\$3.70 \$4.45					17.10			
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										

FINAL

Provider: The Oaks of Athens Prvdr ID: 00140126A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse		a and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 18.8% 4.06	Add-on Percent 18.37% 0.0% 3.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		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	С	d	е	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: Multiplier Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs	FY2018 GL-PL ins. Rpt		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes 50.0% 105.0% \$0.37	\$ 356,084		
Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$159.61 \$23.31 \$190.23	\$71.51 \$67.93 \$12.48 \$80.41 1.4985 \$120.49		\$18.41 \$17.49 \$3.21 \$20.70	\$23.09 \$21.94 \$4.03 \$25.97		\$20.56 \$19.53 \$3.59 \$23.12	48,701	\$30.90 \$30.90 \$30.90 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% o Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$230.31 \$0.00 \$3.61 \$17.10 \$20.71	\$120.49 \$0.00 \$3.61		\$20.70	\$25.97		\$23.12 17.10	\$7.31	\$30.90	\$1.82
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							1	1	4 100	7.10

Pr	rovider: The Oaks - Bethany (Vidalia)		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Рг	rvdr ID: 00140258A		Gro	with Allowance:	N/A	18.37%	***************************************		Overall CMI:	:	1,4603	1.3617
	Case Mix Per Diem Rate Effective Date:	1/1/2021		thy BIMS score	36.1%	2.5%		Quarterly I	Medicaid CMI:	:	1.6874	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Ho	urs per On-Site Day/Q	uality Incentive:	3.36	3.0%	Qrtrly Mcaid	CMI w RUG V	Wght Options:	:	1.7174	1.5713
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry &	Plant Operatos	Admin and	A&G- GL-PL	Property and	Taxes
#	Description	Calculations		Delvices	Services	i. i	Houskpng	& Maint	General	Insurance	Related	Insurance
	:		a	ь	С	d	е	. f	g	g	h	ì
<u>C</u>	ASE MIX BASED RATE CALCULATIONS			!		1				;		
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1	1		
	Type of Facility within Peer Group	ł	•	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	1		
	Peer Group Standards & Efficiency Measure Limits		:	ì		1						
2	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37	1		
	Base Period Per Diem Allowed Amounts	•		;					:			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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		\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128	1		1 1				1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days				1				56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	ξη 7 / ξη 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		1			:			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	•	\$54.64				'		. !		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = En 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 Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	1	\$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	1	\$16.14	\$7.14	13.19	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons	:				1		Į.	i		(FRV)	
15		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	<u></u>	Ln 14 + Ln 15	\$145.91	\$64.68	\$0.00		\$23.86		\$19.10	1 (\$13.19	\$0.52
17	, , , , , , , , , , , , , , , , , , , ,	per Current Otr End		1.7174	\$0.00	\$17.42	φ23.00	, 30.00	\$13.10	\$1.14	313.19	. 40.52
18		Ln 16 x Ln 17		\$111.08		1		1		1 1		
19		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
l	Quarterly Per Diem Add-on Amounts				:	: 1		:				
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	I
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78	: 00.00	\$0.22	φ0,41	\$0.00	90.37		\$0.00	•
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33		i			!			
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10			1		:	\$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	\$17.10		\$0.00	\$0.00
25		Ln 19 + Ln 24	\$217.05	\$117.72	\$0.00		\$24.27	\$0.00	\$36.57	\$7.14	\$13.19	\$0.00
		<u></u>	1	. 7	45.00	911.09	7 £4.21	40.00	430.31	71.14	\$13.13	30.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96	:								

	ovider: The Oaks at Limestone, LLC ydr ID: 00141743A Case Mix Per Diem Rate Effective Date:	1/1/2021	Qt	wth Allowance: trly BIMS score	Facility Score N/A 52.2%	Add-on Percent 18.37% 5.5%		Quarterly N	Overall CMI: Medicaid CMI:		Facility Specific 1.5724 1.6373	State- wide 1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Qu	uality Incentive:	3.85	2.0%	Qrtrly Mcaid	CMI w RUG \	Vght 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	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$129,154)	(\$11.254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)	Ψ200,221	(\$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	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5724								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(FHV)	
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6646								
18	Ortrly Routine Srvcs 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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									

Provid Prvdr	r ID: 00178307A Case Mix Per Diem Rate Effective Date	1/1/2021		Percentages with Allowance: trly BIMS score	Facility Score N/A 15.8%	Add-on <u>Percent</u> 18.37% 0.0%	Cas		Overall CMI:		Facility Specific 1.5260	State- <u>wide</u> 1.3617
:	MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Q			3.0%	Ortrly Moaid	CMI w RUG \	Medicaid CMI: Wght Options:		1.7311 1.7630	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
			а	b	C	d	е	f	g	<u> </u>	h	í
CAS	E MIX BASED RATE CALCULATIONS		•									
1 C	ost Center Peer Groups	(see Policy Manual)	•	1	1	2	1	1	1			
1 1	Type of Facility within Peer Group Bod Size Range within Peer Group	, , , , , , , , , , , , , , , , , , ,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Fecilities All Bed Sizes	All Facilities All Bed Sizes			
P	eer Group Standards & Efficiency Measure Limits									1		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	İ	50.0%	1		
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4 1	Eniciency measure maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		,	
В	ase Period Per Diem Allowed Amounts		:			1		i			:	
5	As Filed Cost Center Costs (Routine & Special Srvcs 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		· •	1				;		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days	:					į		46,455		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	₹n7/tn8Cola	\$166.11	\$88.26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260	:	1						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84		: 1			:	:		
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75	}	\$20.97	\$7.67	\$11.56	\$2.24
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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	\$133.87	\$57.84	\$0.00	\$13.66	\$21.75		\$20.56	\$7.67	10.15	\$2.24
Q	uarterly Per Diem Rate Prior to Add-ons							1			(FRV)	
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 + £n 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 Ofr End	:	<u>1.7630</u>	:					1		
18	Ordriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$120,71	1 1	1		i		1		
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
Q	uarterly Per Diem Add-on Amounts		:	:				1				
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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	!			1			Ţ-1 -0	
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62	:			İ				
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thre 23	\$21.88	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly 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 0	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.86			· · · · · · · · · · · · · · · · · · ·			·	·		

Provider: The Oaks Nursing Home,	Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		***************************************	Facility Specific	State- wide
	e Mix Per Diem Rate Effective Date: Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: tirly BIMS score luality Incentive:	N/A 54.3% 3.83	18.37% 5.5% 3.0%	Ortrly Mcaid		i Overall CMI: Medicaid CMI: Woht Options:		1.2854 1.6604 1.6924	1.3617 1.5438 1.5713
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	f) g	9	h	i
CASE MIX BASED RATE CALCULATION	ONS							!	:			*
1 Cost Center Peer Groups		(a.e. Dellan Manna)		: .	. 1		_	i .		:		
Type of Facility within Peer Group	· ·	(see Policy Manual)	1	All Facilities		2 Free Standing	1 All Facilities	All Facilities	. 1 All Facilities			
Bed Size Range within Peer Group	:		•			All Bed Sizes	All Bed Sizes	: All Bed Sizes	All Bod Sizes	;		
Peer Group Standards & Efficiency Measur	a l imite				ı	:				:		•
2 Peer Group Standards: Percentile	CEMMO	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	:		
3 Peer Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	ł.	105.0%			
4 Efficiency Measure Maximums (see line 20 f	or actual)	(see Policy Manual)	•	\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			i
Base Period Per Diem Allowed Amounts	:		•	1				!				
5 As Filed Cost Center Costs (Routine & Speci	ial Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Cos		FY12 C/R Audit Adjstmts	(\$2,666)		\$0	\$383	(\$740)			\$34,342	(\$39,826)	
7 Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$2,278,319		1		\$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				4,0,0,0	0277,000	. 4001,040	437,372	Ψ43,220	400,040
Total Nursing Facility Days GL-PL Ins. Rp	As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days		1	İ			1		21,365		•
9 Net Per Diems prior to Case Mix Adjstmt to I	Routine Srvcs	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 A	Il Residents	from 4 qtrs of FY12		1.2854			*******			1	Ψ2.00	Ψ2.00
11 Routine Srvcs Case Mix Adjstd (CMA) Ne	t Per Diem	Ln 9 / Ln 10	:	\$47.08		:						
12 Net Per Diems after Case Mix Adjstmt to Ro	utine Srvcs	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 I	Routine Srvcs)	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	r Diem	Lesser of Ln 12 or Ln 13	\$118.28	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	14.78	\$2.09
Quarterly Per Diem Rate Prior to Add-ons			:	:						. !	(FRV)	
15 Growth Allowance Percentage =	18.37%	Lл 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 Allowand	e 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 Med	icaid Residents	per Current Otr End	1	1.6924	I	i		1				ì
18 Ortrly Routine Srvcs Case Mix Adjstd (CN	(A) 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						1				; i		•
20 Efficiency Add-on Per Diem ((Stad - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.19	. \$5.19		- Joile	55,41		40.00		φ0.00	•
22 Nurse Staff Hrs / Quality Add-on Per Diem :		Ln 19 Col b x Stfng Add-on	\$2.83		f			ı				•
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10		!	1		1	\$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		\$20.45	\$0.00	\$41.44	\$1.61	\$14.78	***************************************
26 Quarterly Per Diem Rate for Bed Hold and I	eave Dave	(Ln 25 - Ln 23) * 0.75	\$138.29	<u>. </u>		· i		·	i	<u> </u>		

Provider: The Oaks of Carrollton		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00140181A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: trly BIMS score uality Incentive:		18.37% 0.0% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicald CMI: Wght Options:		1.5821 1.5766 1.6072	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
		а	ь	C	d	е	f	g	g	h	
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 Bed Size Range within Peer Group	,		All Facilities All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits					· .		i i	:	1		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0%		105.0%			
·	(see Policy Mandal)	•	\$0.53	30.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	•		î.						;		
5 As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$46,635)	, , , ,		\$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			1			:			
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days	1		l	1		! !		14,492		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 11 Routine Stross Case Mix Adistd (CMA) Net Per Diem	from 4 qtrs of FY12		<u>1.5821</u>		1		!				
	Ln 9 / Ln 10		\$59.35		1			:	,		
12 Net Per Diems after Case Mix Adjstrnt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42	i	\$32.48	\$6.97	\$20.14	\$5.92
, , , , , , , , , , , , , , , , , , , ,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	i	\$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	\$5.92
Quarterly Per Diem Rate Prior to Add-ons							i			(FRV)	
15 Growth Allowance Percentage = 18.37%	£n 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	!	1		:				
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.91								1
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		•							į i		
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 Diern = 0.0% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			43.00		45.00	:	\$3.00	!
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.39	\$3.39				:		:		
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			l I
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	Լո 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						·	·····		i

Provider			Add-on Data and		Facility Score	Add-on Percent	Case	e Mix Index (C	··		Facility Specific	State- wide
FIVUEID	Case Mix Per Diem Rate Effective Date:	1/1/2021	Q	owth Allowance: trly BIMS score	N/A 30.6%	18.37% 2.5%		Quarterly I	d Overall CMI: Medicaid CMI:	•	1.4214 1.4183	1.3617 1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.37	3.0%	Ortrly Moaid	CMI w RUG 1	Wght Options:	:	1.4456	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	9 ;	h	i
CASE	MIX BASED RATE CALCULATIONS					: :		:	:			
1 Cos	at Center Peer Groups	(see Policy Manual)	· ·	. 1	1	2	1	1		į :		:
	Type of Facility within Peer Group	(ess reney managy	•	All Facilities	All Facililies	Free Standing	All Facilities	All Facilities	All Facilities			İ
: 1	Bed Size Range within Peer Group		:	All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	;		\ :
Pee	r Group Standards & Efficiency Measure Limits				I	i i			:			
2 : Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards; Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 : `Ef	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	7		
Base	e Period Per Diem Allowed Amounts			1		1		: !		1		
5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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 Au	udit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	1 1		(\$40,182)	\$35,907
7 - Cc	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163		\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY12 Audited C/R Days	29,016				V,				4	. 400,001
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days				i .			•	27,415		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.72	\$75,57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	1	\$15.31	\$1,24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214	:							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17		1			•			
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	ase 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	\$1.24
Oua	arterly Per Diem Rate Prior to Add-ons										(FRV)	
	rowth 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	
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141,38	\$62.94	\$0.00	\$19.18	\$18.96	\$0.00			N/A \$9.18	N/A \$1,24
i	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3141.50	1.4456	Φ0.00	\$13,10	\$10.90	\$0.00	322.30	\$1.32	\$9.18	\$1,24
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90,99		1			i	1		
	uarterly 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
Qua	arterly Per Diem Add-on Amounts								i	:		
	fficiency 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	1	\$0.00	
	IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27			ΨυΤΙ		\$0.01	1	\$0.00	
1	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sivcs)	Ln 19 Col b x Sting Add-on	\$2.73	\$2,73					1	1		
	ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.53	\$0.00	\$0.22	\$0,41	\$0.00	A CONTRACTOR OF THE PARTY OF TH	the second secon	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	էո 19 + Ln 24	\$193.06	\$96.52	\$0.00	\$19.40	\$19.37	\$0.00			\$9.18	\$1.24
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	¢134.07		<u></u>	!			1	<u> </u>		, , , , , ,
∠b ; Qua	arterry Her Litem Kate for Bed Hold and Leave Days	{En 25 - En 23) * 0.75	\$131.97									

Provi			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdi		44470004		wth Allowance:	N/A	18.37%			d Overall CMI:		1.3341	1.3617
i	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour	נו s per On-Site Day/Q°	trly BIMS score	40.4% 4.45	2.5% 2.0%	Octobe Manda	Quarterly I CMI w RUG \	Medicaid CMI:		1.3446	1.5438
<u> </u>		14100 11001	s per on one baying	ounty incentive.	4.40	2.076	Citity wcard	CIVIL W ROG I	wgnt Options:		1.3673	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ъ	C	d	е	f f	g	q	h	i
CAS	SE MIX BASED RATE CALCULATIONS									, <u> </u>		ł · · · · · · · · · · · · · · · · · ·
l —	Cost Center Peer Groups							i		ì		ì
, ,	Type of Facility within Peer Group	(see Policy Manual)		. 1 . All Facilities	. 1	2 Free Standing	1	1	1			!
: :	Bed Size Range within Peer Group	4		All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes	!		
	eer Group Standards & Efficiency Measure Limits	:			1111 200 01100	, ran ocu onzos	7III Dea Oigos	All Dea Gizes	. Wil Den Olfo?			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	:		:
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 .	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
В	lase Period Per Diem Allowed Amounts	ľ								:		İ
	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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			4020,011	42,0,00		\$407,200	4200,000	\$431,160	\$47,554
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days	,			1		:	:	27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$159.78	\$84.56	\$0.00	\$17,29	\$19.05	(with L&H)	\$15.34	\$7.18	\$14.81	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3341				: '	:	1	•	, 41.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39	:	1		:	1			,
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$63.39	\$0.00	\$17.29	\$19.05	:	\$15,34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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 Dierri	Lesser of Ln 12 or Ln 13	\$133.89	\$63.39	\$0.00	\$17.29	\$19.05	:	\$15,34	\$7.18	10.09	\$1.55
	tuarterly Per Diem Rate Prior to Add-ons	1								1	(FRV)	
. 1	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Ailwnc %	\$21.14	\$11.64		00.40	* 0.50					İ.
	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$21.14 \$155.03	\$75.03	\$0.00 \$0.00		\$3.50	\$0.00	\$2.82	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$ 100.03		\$0.00	\$20.47	\$22.55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.3673 \$102.59								
	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$182.59	\$102.59	\$0.00	\$20.47	\$22,55	\$0.00	\$18.16	\$7.18	\$10.09	\$1.55
	Avendado Pau Pila- Add A		*				¥22.00	;	. 410.10	Ψ7.10	310.03	. 91.00
	tuarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	****			1			:			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	Ì
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$2.56 \$2.05	\$2.56		1		1				
1	Nursing Home Provider Fee	(Fixed Amount)	\$2.05 \$17.10	\$2.05	· ·	1		I I	I graman	:		
1 '	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	\$17.10		** **	
	luarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.83	\$107.73	\$0.00	:	·····		\$17.47	\$0.00	\$0.00	\$0.00
 			\$203.83	\$107.73	\$0.00	\$20.69	\$22.96	\$0.00	\$35.63	\$7.18	\$10.09	\$1.55
26 Q	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.55									

Provide Prvdr IC			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
FIVOIT	Case Mix Per Diem Rate Effective Dal MDS & Nurse Hrs Data per Quarter Endin			owth Allowance: Strly BIMS score suality Incentive:	25.6%	18.37% 1.0% 3.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options	:	1.0648 1.0162 1.0262	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
· · · · · · · · · · · · · · · · · · ·			а	ь	c	d	е	f	9	g	h	ı
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	st 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	: '		
	Bod Size Range within Peer Group		•	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Pee	er Group Standards & Efficiency Measure Limits									: :		
	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	•	100.0%	100.0%	100.0%	100.0%		105.0%	:		
4 E	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Bas	se Period Per Diem Allowed Amounts	:	•					t t				
5 A	s Filed Cost Center Costs (Routine & Special Stycs 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 A	udit 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)	
7 C	lost 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			1		1				
į	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days							:	19,232		İ
9 N	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07		: 1				1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	•	\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09	Ì	\$20.56	\$0.00	N/A	1
14 Ba	ase 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	\$0.29
· · ·	arterly Per Diem Rate Prior to Add-ons	1							1	1	(FRV)	
1 .	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwing %	\$26.51			45.05	***					:
	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.54	\$13.14 \$84.65	\$0.00 \$0.00	\$5.35 \$34.50	\$4.24 \$27.30	\$0.00	\$3.78		N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$101.04	1.0262	\$0.00	\$34.50	\$27.30	\$0.00	\$24.34	\$2.52	\$7.94	\$0.29
18	Ortrly Routine Stycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.87		: :						
,	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
1	·			:		404.00	Ψ27.00	. 40.00	Φ24.54	\$2.52	\$1.54	. 40.29
1	arterly Per Diem Add-on Amounts	Gara Ballian Atauma P										
	fficiency Add-on Per Diem ([Stnd - 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	:
	IMS Add-on Per Diem = 1.0% (to Routine Srv	' ;	\$0.87	\$0.87		1						
1	turse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs) tursing Home Provider Fee	Ln 19 Col b x Sting Add-on	\$2.61	\$2.61	:	1		(:			
i	otsing Home Provider Fee otal Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10				**		\$17.10		_	1
		i	\$20.60	\$3.48	\$0.00	\$0.00	\$0.02	\$0.00	\$17,10		\$0.00	\$0.00
25 Qua	arterly 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 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.45						<u></u>			

	orider: Thomasville Nurs. & Rehab. Ctr.		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data	•	Facility <u>Specific</u> 1.5025	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hot		irly BIMS score	29.2% 2.88	1.0% 3.0%	Ortrly Moaid	Quarterly t	Medicaid CMI; Wght Options:		1.5865 1.6152	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	i b	С	d	е	f	9	9	h	i
CAS	SE MIX BASED RATE CALCULATIONS		!			:						
1 (Cost Center Peer Groups	(see Policy Manual)	i	. 1	4	2	1	1	. 4			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(soor shoy mandar)	i I	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			:
ſ	Peer Group Standards & Efficiency Measure Limits		1									
2	Peer Group Standards: Percentile	(see Policy Manual)	1	90.0%	90.0%	90.0%	85.0%		50.0%	. :		1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		1
. 4 1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	i	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
E	Base Period Per Diem Allowed Amounts								1			
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	,
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	
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153			į i		:				;
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days				1			1	17,102		•
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	f.	<u>1,5025</u>					:			1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20		1			İ			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits	i.	\$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	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons		•			: ,		i		1	(FRV)	i
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	\$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	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	:	1.6152	*****		4255	45.00		40.00	Ψ5.50	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 16 x Ln 17		\$80.68		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = 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	1
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81				\$3.00			Ψ0.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	En 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 0	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$180.59	\$84.44	\$0.00	\$21.79	\$22.36	\$0.00	\$41.44	\$0.60	\$9.36	·
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.62			·		!		·		u t

Provider: Thomson Health & Rehab		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Prvdr ID: 00143261A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trly BIMS score	N/A 49.4%	18.37% 5.5%			d Overall CMI: Medicaid CMI:		1.1378 1.3511	1.3617 1.5438
MDS & Nurse Hrs Data per Quarter Ending:		urs per On-Site Day/Qı		4.38	4.0%	Ortrly Mcaid		Wght Options:		1.3725	1.5713
Library Control of the Control of th	Sources /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatns	Admin and	A&G- GL-PL	Property	Taxes
Line # Description	Calculations	Totals	Services	Services	Dietary	Houskpng	& Maint	General	Insurance	and Related	and Insurance
l"	Salsalations	а	b	С	d	e	f	g	q	h	i
CASE MIX BASED RATE CALCULATIONS			-			-			3		
			_					_			
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standina	1 All Facilities	1 All Facilities	1 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 Srvcs 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 Adjstmts	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1378</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.57
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3725								
18 Qrtrly Routine Srvcs 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.16	\$5.16								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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						•	"	<u>"</u>	

Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: 11/12021 Og/30/20 Nurse Hours per On-Site Day/Quality Incentive: 3.3.1 3.0% Ontrly Medicaid CMI: 1.5912 1.6194 1.0%	Provider: Prvdr ID;			Add-on Dala and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:	•	Facility Specific 1.5802	State- wide 1.3617
Description Sources / Totals						27.7%	1.0%	Ortrly Moaid	Quarterly I	Medicaid CMI:		1.5912	1.5438 1.5713
CASE MIX BASED RATE CALCULATIONS	Line #	Description		Totals			Dietary	•	Operatns	and		and	Taxes and Insurance
Cost Center Pace Corging	i			а	ь	С	d	е	f	9	g	h	i
Type of Facility within Pear Group All Facilities A	CASE I	MIX BASED RATE CALCULATIONS		i		:	: !		,				
Type of Facility within Prior Group All Facilities	1 Cost	Center Peer Groups	(see Policy Manual)	•	. 1	. 1	,	1	١		1		
Bed Size Range within Peer Group All Bed Sizes All Bed S	. !	Type of Facility within Peer Group	(but and municip	•			. –	•			1		
Peer Group Standards: Percentile (see Pelicy Manual) 100.0%	:	Bed Size Range within Peer Group									1		
Per Group Standards: Multiplier (see Petits Manual) (see) Peti	Peer	Group Standards & Efficiency Measure Limits		•									
Per Group Standards: Multipliar (see Pelasy Manual) 100.0% 100.0% 100.0% 50.00 5	2 Pee	er Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	:		
Base Period Per Diem Allowed Amounts Safetid Per Diem Allowed Amounts Safetid Per Diem Allowed Amounts Safetid Cost Center Costs Frit 2 Ciff Audit Adjalmine (\$503,200) (\$251,995) \$0 (\$53.457) \$337,288 \$370,163 \$1,576,669 \$172,244 \$1,334,165 \$7.000 \$1.000			(see Policy Manual)		100.0%	100.0%					1		
Society Soci	4 Effic	ciency Measure Maximums (see line 20 for actual)	(see Policy Manual)	1	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Audit Adjustments and Reallocations to Cost Center Costs	Base	Period Per Diem Allowed Amounts					1						
Audit Adjustments and Reallocations to Cost Center Costs	5 As F	Filed Cost Center Costs (Routine & Special Srvcs 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
7 Cost Center Costs After Audit Adjustments		· · · · · · · · · · · · · · · · · · ·	FY12 C/R Audit Adjstmts			-							
Total Nursing Facility Days		· ·	FY12 Audited C/R				, ,	,				, , , , , ,	\$101,834
Total Nursing Facility Days GI-PL Ins. Rpt	8 T	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days				4001,200	4554,100	Ψοι ο (ο ο ι	9545,237	\$112,244	\$1,019,099	\$101,034
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7 (Ln 8 Cola 519, 158.02 50.00 \$14.06 \$16.16 (with LeH) \$21.05 \$3.79 \$29.40 10 Base Period Facility Case Mix Index for All Residents from 4 qte of FY12 1.5802	: т	Total Nursing Facility Days GL-PL, Ins., Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days		!		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				45 404		
Base Period Facility Case Mix Adjustd (CMA) Net Per Diam	9 Net	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	1	870.40	\$2.27
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	10 B	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		*		013.00	\$10.70	(******	\$21.00	33.75	\$29,40	\$2.27
Net Per Diems after Case Mix Adjustmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$45,18 \$0.00 \$14.06 \$16.16 \$21.05 \$3.79 \$29.40	11 R	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1			1			:			
13 Per Diem Standards (After Stalewide CMA for Routine Srves) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.99 \$20.56 \$0.00 \$14.06 \$16.16 \$20.56 \$3.79 \$17.99 \$17.	12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9			\$0.00	\$14.06	\$16.16	I	\$21.05	\$3.70	\$20.40	\$2.27
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	13 Per	Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits	1							1		\$2.21
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwinc % \$17.63 \$8.30 \$0.00 \$2.58 \$2.97 \$0.00 \$3.78 N/A N/A			Lesser of Ln 12 or Ln 13	\$120.01			4 1 1 1 1	•					\$2.27
Cutterly Per Diem Kallowance Percentage = 18.37%				:	1			410.75		. 420.50	40.15	-	
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 17 Quarterly Facility Case Mix Adject (CMA) Net Per Diem Ln 16 x Ln 17 \$86.61 \$0.00 \$16.64 \$19.13 \$0.00 \$24.34 \$3.79 \$17.99 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$17.77 \$86.61 \$0.00 \$16.64 \$19.13 \$0.00 \$24.34 \$3.79 \$17.99 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Rouline Sives) Ln 19 Col b x CPS Add-on \$0.87 \$0.87 \$0.87 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Sives) Ln 19 Col b x Sting Add-on \$2.60 \$2.60 \$2.60 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$0.00 \$0.00 \$17.10 \$0.0		•									1	,,	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Or End 1.6194 18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem											N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$86.61 \$170.77 \$86.61 \$0.00 \$16.64 \$19.13 \$0.00 \$24.34 \$3.79 \$17.99		·		\$137.64		\$0.00	\$16.64	\$19.13	\$0.00	\$24.34	\$3.79	\$17.99	\$2.27
19 Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)			F	•	-	1					1		
Quarterly Per Diem Add-on Amounts 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											1		
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 \$	ia dus	arteny medicaid CMA Allowed Per Diem	K5 = 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
21 BIMS Add-on Per Diem = 1.0% (to Rouline Sives) Ln 19 Col b x CPS Add-on \$0.87 \$0.	Quart	terly Per Diem Add-on Amounts					1			•	•		
21 BIMS Add-on Per Diem = 1.0% (to Roulino Srvs) Ln 19 Col b x CPS Add-on \$0.87 \$0.8	20 Effic	ciency 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	1 1	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 \$17.10 \$2.00 \$17.10 \$0.00 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.0	21 BIM	IS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	1		:				1	45.00	
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	22 Nur	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.60	\$2.60					i .			
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	23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
25 Quadratu Cara Min Pagad Day Diag Pate	24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$4.00	\$0.00	\$0.22	\$0.41	\$0.00	1	\$0.00	\$0.00	\$0.00
	25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.50	\$90.61	\$0.00	\$16.86				•		\$2.27
26 Quarterly Per Diem Rate for Bed Hold and Leave Days {Ln 23 · 0.75 \$131.55	26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	8 n 25 - Ln 23) * 0 75	\$124 EE	:	M	·			<u> </u>	<u> </u>		

	vider: Tifton Health and Rehab Center dr ID: 00143294A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
PIVI	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		with Allowance: trly BIMS score uality Incentive:		18.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.4355 1.5916 1.6191	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	Ď	С	d ·	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS			i	!			1				;
1:1	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 Bad Sizes		All Bed Sizes	1		!
1	Peer Group Standards & Efficiency Measure Limits				•	1		1				
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%	1		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	1		:
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
- 1	Base Period Per Diem Allowed Amounts					i i						
5	As Filed Cost Center Costs (Routine & Special Stycs 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	SO
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0	\$0	\$0	\$0			(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	T- ,	\$161,006	\$209.565		\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601				4.0.,000	4205,000	\$007,102	95,029	Φ213 ₁ 412	\$30,000
	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 Srvcs	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	1,4355	:		4,	(**************************************	\$20.54	40.03	φο.υσ	\$0.57
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	i .	\$50,60						1		:
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		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	\$0.97
١.	0								,	40.00	(FRV)	. 40.51
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %							!	1		
16	Growth Allowards Percentage = 18.37%	En 14 x Grwin Allwing % En 14 + En 15	\$17.80	\$9.30	\$0.00	\$2.57	\$2.15	\$0.00		N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$127.63	\$59.90	\$0.00	\$16.55	\$13.88	\$0.00	\$24.34	\$0.09	\$11.90	\$0.97
18	Quarterly Facility Case Mix Index for Medicaid Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End	:	1.6191		1		(. !		
19	Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AliOlhr = Ln 16	646474	\$96.98								
	Quantity Medicald CMA Allowed Fer Diem	173 - Eli 16, Allouii - Eli 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					1			1			
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 Srvs)	Ln 19 Cot b x CPS Add-on	\$2.42	\$2.42		:		*	1			
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.91	\$2,91		1		;				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			:		ı	\$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
25 0	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 4	Ougstarly Par Diam Pate for Red Held and Laws Days	/I = 25 I = 22\tau = 25	8488 44 1					1				
20 . (Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.40									

	er: Tower Road Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	MI) Data		Facility Specific	State- wide
Prvdr II				wth Allowance:	N/A	18.37%		Base Period	Overall CMI:		1.4452	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q urs per On-Site Day/Q	trly BIMS score	27.0%	1.0%	0.7.11		Medicaid CMI:		2.0667	1.5438
	MD3 & Nuise his Data per Quarter Enturing:	09/30/20 Noise Hot	irs per on-site baylor	uainy incentive:	2.67	3.0%	Qriny Meaid	CMI w RUG V	Vght Options:		2.1079	1.5713
			:	Routine	Special		Laundry &	Plant	Admin		Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskpng	Operatns	and	A&G- GL-PL Insurance	and	and
#		Calculations						& Maint	General	Misorance	Related	Insurance
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		а	ь	c	d	e	f	<u>g</u>	9	h	· i
CASE	E MIX BASED RATE CALCULATIONS			· '		1		:				
1 Cos	st 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	İ		
	er Group Standards & Efficiency Measure Limits		:							!		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%	I		
4 6	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	4.	\$0.37			
Bas	se Period Per Diem Allowed Amounts											
5 A:	As Filed Cost Center Costs (Rouline & Special Srvcs 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	So
6 . A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)			(\$54,872)	
7 C	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254		\$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				*,				4200,102	00-1,072
:	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,585	FY 18 GL-PŁ Ins Rpt Days						:		41,585		
9 N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof 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					:		40.50	
11 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33						:		
12 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18.23	:	\$33.81	\$1.36	\$5.86	\$1.36
13 P	Per Diem Standards (After Statewide CMA for Routine Sivos)	per Peer Group Limits	:	\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	. 01.50
14 B	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	\$1.36
	controlle Dec Diversity Dec 1991						*		4 23.00	1	(FRV)	
\$	arterly Per Diem Rate Prior to Add-ons	Land And County All Land						1		1		
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.38	\$11.27	\$0.00		\$3.35	\$0.00	\$3.78	N/A	N/A	N/A
	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	:	<u>2.1079</u>				1	:			-
18 ; 19 : Q	Outrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$153.03						1 1		
is Q	adarteny medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$233.52	\$153.03	\$0.00	\$19.20	\$21.58	\$0.00	\$24.34	\$1.36	\$12.65	\$1.36
Qua	arterly Per Diem Add-on Amounts		:							1		1
20 Ef	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	f :	\$0.00	1
21 BI	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$1.53				:		1		ĺ
22 N	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.59	\$4.59								
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	:		•
24 To	otal 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 Qua	arterly 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 Qu:	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.60			·		I	<u> </u>	•		I

	rovider: Townsend Park H & R rvdr ID: 00404995A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: rly BIMS score	Facility Score N/A 41.6% 3.54	Add-on <u>Percent</u> 18.37% 2.5% 4.0%		Quarterly N	MI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3657 1.3343 1.3554	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	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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	(see Delley Manyal)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	\$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	FY12 Audited C/R Days	28,961									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL Ins Rpt Days								41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		<u>1.3554</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	4400.54	\$99.11	40.00	***	***	***	****	**	0.0.40	** **
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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

Provider: Traditions Health & Rehab		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Prvdr ID: 00143701A		Gro	wth Allowance:	N/A	18.37%			Overall CMI:		1.2904	1.3617
Case Mix Per Diem Rate Effective Date:			trly BIMS score	50.9%	5.5%			Medicaid CMI:		1.7459	1.5438
MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hou	rs per On-Site Day/Q	uality Incentive:	3.88	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.7761	1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	c	. d	е	f	. 0	a	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	4		:		
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range wilhin Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits	:				1		1	•			
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts									:		
5 As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$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						1		61,768		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77				1				
12 : Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	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	\$1.44
Quarterly Per Diem Rate Prior to Add-ons	:				: :				1	(FRV)	*
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	LUA .	B164	
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		N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	Ψ130.10	1.7761	φ0.00	\$10.00	310.02	\$0.00	\$17.39	\$2.81	\$9.39	\$1.44
18 Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.75		1		:		:	į	
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	·				:		:		1		
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 Srvs)		\$7.03	\$7.03	Ψ0.00	V0.22	φυ.41	ψυ.υυ	90.31		Φ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$3.83	\$3.83		1			1	1		
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		7.300			+5.00	4.,.70	\$2.01	43.33	71.44
	(67.40 - 67.20) 0.70	\$104.19	:								

	ovider: Treutlen County Health & Rehab vdr ID: 00143349A Case Mix Per Diem Rate Effect MDS & Nurse Hrs Data per Quarte			wth Allowance: rly BIMS score	Facility Score N/A 42.9% 3.60	Add-on Percent 18.37% 2.5% 5.0%		Quarterly N	MI) Data I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.5628 1.5528 1.5825	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
CA	ASE MIX BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5628								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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		1.5825								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16	047474	\$92.58	#0.00	000.00	004.50	#0.00	004.04	00.70	# 10.40	00.04
19	Quarterly Medicaid CMA Allowed Per Diem	NS = LIT 16, AHOURF = LIT 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 = 2.5% (to Rout		\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.63	\$4.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									

	wider: Twin Fountains Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvo	or ID: 00142843A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: trly BIMS score uality Incentive:	N/A 48.6% 3.22	18.37% 5.5% 3.0%	Ortrly Moaid		d Overali CMI: Medicaid CMI: Wght Options:		1.0956 1.0003 1.0120	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
			а	b	С	d	е	f	g	9	h	i
CA	SE MIX BASED RATE CALCULATIONS					:						
1	Cost Center Peer Groups	(see Policy Manual)	•	1	1					1 :		
	Type of Facility within Peer Group	(286 Folicy Mailual)		. All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	, 1 : All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.6%	90.0%	90.0%	85.0%	:	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	:	\$0.37			
	Base Period Per Diem Allowed Amounts		! !							1		
5	As Filed Cost Center Costs (Rouline & Special Stress 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 Adjstmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545		\$1,224,428	\$269,326		\$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				7-7-7(3-11-2	1		400,007	\$000,000	411,000
į i	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 Adjstmt to Routine Srvcs	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				: '	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1	*	40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49		1				<u>:</u>		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits	i i	\$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	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons					1		!			(FRV)	
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwiic %	\$22.54	\$13.14	\$0.00	\$3.38	\$2.24	\$0.00	. 60.70			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.65	\$84.65	\$0.00	\$21.79	\$2.24 \$14.41	\$0.00	\$3.78 \$24.34	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$107.00	1.0120	\$0.00	321.19	\$14.41	30.00	\$24.34	\$1.63	\$10.53	\$0.30
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	:	\$85.67				!	:	:		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$158,67	\$85.67	\$0.00	\$21.79	\$14.41	\$0.00	\$24.34	\$1.63	\$10.53	\$0.30
				:	•		•	40.00		\$1.55	Ψ10.00	Ψ0.00
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Slnd - Alved x .75, up to max, or 0)	Jana Calley Manyon										
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	, !	\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x CFS Add-on	\$4.71	\$4.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.57 \$17.10	\$2.57						1		
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		**	**
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24				·			\$17.10	\$0.00	\$0.00	\$0.00
25	Guarterry Gase mix Daseu Fer Dietti Rate	LN 19 + CN 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									

Provider: Twin Oaks Convalescent Center Prodr ID: 00143393A		Add-on Dala and		Facility Score	Add-on Percent	Cas	e Mix Index ((Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			with Allowance: trly BIMS score uality Incentive:	N/A 25.5% 5.35	18.37% 1.0% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2778 1.6269 1.6554	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
	1	3	b	C	đ	е	f	9	<u> 9</u>	h	<u> </u>
CASE MIX BASED RATE CALCULATIONS	•				:		· §	!	· i		
1 Cost Center Peer Groups	(see Policy Manual)		1	1	. 1	1	1	. 1			
Type of Facility wilthin Peer Group Bed Size Range wilthin Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			-		: :		!		. 1		
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (soo line 20 for actual)	(see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41	1	105.0%			•
	. (See Folicy Martial)		\$0.55	\$0.00	30.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts				:				:			
As Filed Cost Center Costs (Routine & Special Sives 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
Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)	1	(\$15,041)	\$7,402
Vost Center Gosta Filer Fluid Fluid Fluid Fluid Files	FY12 Audited C/R FY12 Audited C/R Days	\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days	30,138	i						i I		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Stycs	En 7/En 8 Col a		******			***			30,367		
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12	\$162.38	\$80.16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		1.2778 \$62.73				1				
12 Net Per Diems after Case Mix Adjustmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16,56	1	\$18.91		*	
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	:	\$71.51	\$0.00	\$29.15	\$23.09	1	\$18.91	\$2.15 \$0.00	\$17.93	+
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	i	\$18,91	\$2.15	N/A 18.90	° \$0.25
			, QUE.10		Q20.72	\$10.50	1	310.51	\$2.10	(FRV)	\$0.25
Quarterly Per Diem Rate Prior to Add-ons		:			. :			k.		()	:
15 Growth Allowance Percentage = 18.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	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
	Ln 14 + Ln 15 per Current Qir End	\$168.80	\$74.25	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6554				:				1
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.46	\$122.91 \$122.91	\$0.00	\$31.27	\$19.60	\$0.00	\$22.38	\$2.15	\$18.90	\$0.25
Quarterly Per Diem Add-on Amounts		:		I	:		•	l			
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	1	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23			\$3.71	. 45.00	Ψ0.07		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.69	\$3.69					}			
23 Nursing Horne Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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		***************************************		***************************************			· · · · · · · · · · · · · · · · · · ·		i

	rovider: Twin View Health Care rvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021		owth Allowance: ttrly BIMS score	Facility Score N/A 29.2% 3.16	Add-on Percent 18.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.2987 1.6863 1.7179	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	С	d	е	f	g	g	h	i
C	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069	100000000000000000000000000000000000000	(\$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		\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									3
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12		RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
13	and the second to the second t	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	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 18.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.7179				0.0				
18	Ortrly Routine Srvcs 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	Control of the Contro	(see 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.68	\$0.68	ψ0.50	ΨΟ.ΕΕ	ψ0.41	ψο.σο	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	500,000,000					\$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			\$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					20				
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
	and a second sec		\$147.00									

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$97.43

(Ln 27 - Ln 23) * 0.75

1	ovider: Union County Nursing Home		Add-on Data and	****	Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PIV	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: ltrly BIMS score uality Incentive:	N/A 41.5% 3.95	18.37% 2.5% 3.0%	Ortriy Moaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1.1218 1.2212 1.2431	1.3617 1.5438 1.5713
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	į f	g	9	h	í
CA	ASE MIX BASED RATE CALCULATIONS				i	:		i				
1	Cost Center Peer Groups	(see Policy Manual)	:	1						1		•
	Typo of Facility within Peer Group	(see Policy Manual)		All Facilities	. 1 All Facilities	Hosp Based	1 All Facilities	1 All Facilities	All Facilities			
ļ ;	Bed Size Range within Peer Group					All Bed Sizes	All Bod Sizes	: All Bed Sizes				
1 :	Peer Group Standards & Efficiency Measure Limits			i	•		·	:				1
2	Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%			1
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 !	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	i .		I .
	Base Period Per Diem Allowed Amounts		:					!		r -		
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,735.96	\$4,745,381		\$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 Adjstmts	(\$189,908)	(\$59,584)		\$113	\$3,623	\$3,403			(\$15,843)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797		\$1,274,504	\$478,767		\$1,102,728	\$119,878	\$534,106	
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965			, 41,21 1,001	0-10,101	4000,040	Ψ1,102,720	\$1.15,010	φ334, 100	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days		I				:		52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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			Q 10.01		\$20.40	92.21	φ3.30	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77,40	· •				i	1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	1	\$20.43	\$2.27	11.71	\$0.00
1	Overstanks Base Black Bake Bake to Auto and								1		(FRV)	40.00
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwne %								1		
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$25.07	\$13.14	\$0.00	\$4,34	\$3.84	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End	\$175.53	\$84.65	\$0.00	\$27.96	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
18	Qridy Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.2431		()		:	1	1		1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.11	\$105.23 \$105.23	\$0.00	\$27.96	F04 70		504.40	60.07		
i i	, and the second	and the state of t	9130.11	\$100.23	φυ.υυ	. \$21.90	\$24.76	\$0.00	\$24.18	\$2.27	\$11.71	\$0.00
	Quarterly Per Diem Add-on Amounts		•			i .			1			
20		(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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63					1			
22	Nurse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16		1			1			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1 (
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			1		1		·		

1	rovider: University Nursing and Rehab Center	Adı	5-on Data and P	ercentages	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (C	CMI) Data	_	Facility Specific 1,4327	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hours per G	Qtr	ly BIMS score	27.7%	1,0% 2,0%	Ortrly Mcaid		∕ledicaid CMI	:	1,6819 1,7136	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
<u></u>			a	ь	С	d	e	f	g		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wiltim Peer Group Bed Sizo Range wiltim Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	† All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	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) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
"		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Sives Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	** ***				_					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adistmts	\$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	\$0
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	(\$51,535) \$3,377,558	(\$11,061) \$1,867,751	\$0 \$0	\$0 \$254,029	\$723 \$135.654	\$4,137	(\$47,018)	1	(\$12,931)	\$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905	\$1,007,731	30	\$234,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL (ns Rpt Days	10,505							33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 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 glrs of FY10	\$100,10	1.4327		4,2,00	\$10.00	(Miorcary	937.37	30.33	\$10.74	\$0.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77,12	S0,00	\$15,03	\$16,66	:	\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (Alter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0,00	\$19.52	\$23,55		\$24,02	1	N/A	Ψ0.00
14	Base Períod Case Mix Adjusted Allowed Per Díem	Lesser of Ln 12 or Ln 13	\$137.66	\$73,31	\$0.00	\$15,03	\$16.66		\$24.02	1	7.45 (FRV)	\$0,86
16	Quarterly Per Diem Rate Prior to Add-ons	1-11-0										
15	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwih Allwnc % Ln 14 + Ln 15	\$23.70	\$13.47	\$0.00	\$2,76	\$3.06	\$0.00	\$4.41	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	er Current Oir End	\$161.36	\$86,78 1,7136	\$0.00	\$17,79	\$19.72	\$0,00	\$28.43	\$0,33	\$7.45	\$0.86
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		1,7136 \$148.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 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 Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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

	ovider: University Nursing and Rehab Center vdr ID: 00140533A Case Mix Per Diem Rate Effective Date	: 1/1/2021	Qtr	vth Allowance: ly BIMS score	27.7%	Add-on Percent 18.37% 1.0%		Quarterly I	d Overall CMI Medicaid CMI	:	Facility Specific 1.4327 1.6819	State- wide 1.4014 1.5438
	MDS & Nurse Hrs Data per Quarter Ending	: 09/30/20 Nurse Hours per C	On-Site Day/Qua	ality Incentive:	3.53	2.0%	Ortrly Mcaid	I CMI w RUG	Nght Options	:	1.7136	1.5713
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g		h	i
C	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(1114)	
15	Growth Allowance Percentage = <u>18.37%</u>	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		<u>1.7136</u>								
18	Qrtrly Routine Srvcs 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 Srvs)	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 Srvcs)	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		1	ı	<u>I</u>	1	1	<u> </u>		I

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Pi	rovider: Vista Park Health and Rehab rvdr ID: 00142931A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nur		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 40.6% 3.35	Add-on Percent 18.37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.4571 1.4767 1.5013	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
-	SE MIX BASED RATE CALCULATIONS		a	b	С	d	е	f	g		h	i
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$149.08 \$23.31 \$176.07	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.5013 \$120.72	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	The same of the sa	\$21.77 \$21.77 \$21.77 (FRV Rate)	\$0.42 \$0.42
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$216.38 \$3.02	\$120.72 \$3.02		\$20.70	\$25.97		\$23.12	\$3.68	\$21.77	\$0.42
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$2.41 \$17.10 \$22.53	\$2.41					17.10			
	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										

Provide	• • • • • • • • • • • • • • • • • • • •		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		_	Facility Specific	State- wide
Prvdr I	ID: U0141952A Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance:	N/A	18.37%			d Overall CMI	-	1.1001	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		s per On-Site Day/Q	trly BIMS score uality Incentive:	38.2% 3,44	2.5% 3.0%	Ortrly Moaid	Quarterly I CMI w RUG '	Medicaid CMI Wght Options		1.1150 1.1312	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	Properly and Related	Taxes and Insurance
<u> </u>			а	ь	С	d .	ę	f	g	g	h	1
CASE	E MIX BASED RATE CALCULATIONS									:		
1 Co	st Center Peer Groups	(see Policy Manual)		1	1	1	1	1	. 1	;		
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facililies All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Fecilities All Bed Sizes	All Facilities All Bed Sizes	r		
Pe	er Group Standards & Efficiency Measure Limits								1			
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 6	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
, Ba	se Period Per Diem Allowed Amounts	•				:						
5 A	As Filed Cost Center Costs (Routine & Special Srvcs 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
	Audit Adjustments and Reatlocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)	\$298,258	
7 i C	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	
8 ,	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516									
i	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days				. !		1		26,521		1
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.1001</u>		:						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49					:			i
í	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$56.49	\$0.00	\$20.58	\$25.93	1	\$18,72	\$0.97	\$10.84	\$0.00
	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
	Base Period Case Mix Adjusted Allowed Per Diem parterly Per Diem Rate Prior to Add-ons	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
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.84	640.30	\$0.00	\$3.78	2101	40.00				
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151,95	\$10.38 \$66.87	\$0.00		\$4.24	\$0.00		1	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$101,90	1.1312	\$0.00	\$24.36	\$27.33	\$0.00	\$22.16	\$0.97	\$10.26	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$75.64				1				
	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
Qu	arterly Per Diem Add-on Amounts					:			*	i		!
20 E	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 B	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.89	\$1.89							\$3.00	
22 N	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27					*	1 .		
23 N	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			i
24 T	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			\$0.00	\$0.00
25 Qu	arterly 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 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$124.50						·			<u></u>
		· ·										

Provid			Add-on Data and		Facility Score N/A	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
FIVUI	Case Mix Per Diem Rate Effective Date:	1/1/2021		wth Allowance: trlv BIMS score	N/A 36.8%	18.37% 2.5%			Overall CMI:		1.5459	1.3617
!	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Q		2.80	2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.6725 1.7034	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
			а	, b	С	đ	e	f	g	a	h	i
CAS	E MIX BASED RATE CALCULATIONS					:				:		
1 Cc	ost Center Peer Groups	(see Policy Manual)		. 1	. 1	. 2	1	. 1				
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	eer Group Standards & Efficiency Measure Limits					: :			! :	: :		
	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	Enricency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	ase Period Per Diem Allowed Amounts							!				
4	As Filed Cost Center Costs (Routine & Special Srvcs 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
4	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)	1	(\$57,815)	\$62,085
	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		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5459</u>						1		
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20		i						
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$45.20	\$0.00		\$18.56		\$25.72	\$3.33	\$13.36	\$1,43
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	}	\$20.56	\$0.00	N/A	
14: 8	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
	uarterly Per Diem Rate Prior to Add-ons					3 1				•	(rrev)	
	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
	CMA Allowed Per Diem (After Growth Allowance Add-on)	₹л 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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.13				: *				
19 (Quarterly Medicaid CMA Allowed Per Diem	RS = Lл 18, AllOthr = Ln 16	\$168.61	\$91.13	\$0.00	\$18.13	\$21.97	\$0.00	\$24.34	\$3.33	\$8.28	\$1.43
Qu	uarterly Per Diem Add-on Amounts							, 1	<u> </u>			
20 1	Efficiency Add-on Per Diem {[Stnd - 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	
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28		:				. !		
	Nurse Staff Hrs / Quality Add-on Per Diem : 2.0% (to Routine Sivos)	Ln 19 Col b x Sting Add-on	\$1.82	\$1,82						· i		
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1		:	\$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 Qı	uarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$190.97	\$95.76	\$0.00	\$18.35	\$22.38	\$0.00	\$41.44	\$3.33	\$8.28	\$1.43
26 : Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.40					·	**************************************	**************************************		
	_	· · · · · · · · · · · · · · · · · · ·										

Provider: Prvdr 1D:			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C			Facility Specific	State- wide
1140110.	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Houi		trly BIMS score	30.4% 2.98	2.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3956 1.5827 1.6127	1,3617 1,5438 1,5713
Line #	Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	ь	C	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS					; I						
	Center Peer Groups								1			
Cost	Type of Facility within Peer Group	(see Policy Manual)		. 1 : All Facilities	1 1	2 Free Standing	1	1	1			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Facilities All Bed Sizes		All Facilities All Bed Sizes	1		
Poor	Group Standards & Efficiency Measure Limits						500 0,200	Dea Oites	,,,, Dou 3/103			
	er Group Standards: Referentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	i i		
	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	;	;	
4 Effic	ciericy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37	1		
Base	Period Per Diem Allowed Amounts	:						i	i	.		
	Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$3,914,244.06	\$2,065,450	\$0	\$414,198	\$270.244	\$291,109		644.765	6050.000	
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$2,000,430	; 50 . \$0		\$270,244		\$508,116		\$350,362	\$0
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	. 30 . \$0			(\$286)			(\$30,783)	\$32,246
	Fotal Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472	\$2,000,400		\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
	Fotal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days	21,412					ì		05.055		
	Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	25,255 \$0.58	644.00	
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$141.00	1.3956	\$0.00	\$15.01	\$20.42	[With LG/7)	517.04	\$0.58	\$11.63	\$1.17
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87	:	1		1		1		
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42	i	\$17.84	\$0.58	\$11.63	
1	Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09		\$20.56			\$1.17
i	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53.87	\$0.00	-	\$20,42		\$17.84	\$0.00 \$0.58	N/A 7.95	\$1.17
i	·		4170.01			. 413.31	₩20,42		\$11,04	\$0.56	(FRV)	Φ1.11
	terly Per Diem Rate Prior to Add-ons					1			Y.		1,,,,,	
	with Allowance Percentage = 18.37%	Ln 14 x Grwth Allwng %	\$19.69	\$9.90	\$0.00		\$3.75	\$0.00	\$3.28	N/A	N/A	N/A
	A Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Ln 15	\$136.53	\$63.77	\$0.00	\$17.77	\$24.17	\$0.00	\$21.12	\$0.58	\$7.95	\$1.17
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6127		1				1		
,	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.84		1						
19 Qua	arterly 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
Quart	terly Per Diem Add-on Amounts					1		i				
	ciency 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	
	AS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57			43177			:	Ψ0.00	
22 Nun	se Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routino Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.09	\$3.09		1				1		
23 Nun	sing Home Provider Fee	(Fixed Amount)	\$17,10			: · ·		1	\$17.10			
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,29	\$6.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.89	\$109.03	\$0.00		\$24.58	\$0.00	\$38.59	\$0.58	\$7.95	\$1.17
26 Ouar	terly Per Diem Rate for Bed Hold and Leave Days	(I = 25 I = 23*0.76								45.50	*****	V 1-11
20 GUAN	terry men make for bed noto and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.09									

Case Make Para Diam Rade Efficiency Date Market Para Market Date of Market	Provide	4 ,		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((•	Facility Specific	State- wide
Secretary Processing Secretary Sec	Prvdr IC					N/A							1.3617
Part Part								A					1.5438
Description Description		MIDS & Mulse Fils Data per Quarter Ending.	09/30/20 14dise Houi	s per On-Site Day/Q	Daiky incentive;	3.03	3.0%	иклу меаю	CMIWRUG	Wght Options:		1.1940	1.5713
Colorater Peer Groups	Line #	Description		Totals			Dietary	•	Operatos	and		and	Taxes and Insurance
Cost Center Peer Groups Peer Group Service Precision Peer Group	:			а	ь	C	d	е	f	9	g	h	i
Present Free Process Present Free Process	CASE	MIX BASED RATE CALCULATIONS											
Present Fundament Present Group Read State Read State All Facilities	1 Cos	st Center Peer Groups	(see Policy Manual)		. 1	. 1	1	1	4	1			
Red Size Range within Peer Group Red Size Range Within Peer Group Season Standards & Efficiency Measure Limits Season Standards & Efficiency Measure Limits Season Standards & Efficiency Measure Limits Season Standards & Efficiency Measure Minimums (see line 26 fee et al., 1907 Season Standards & Minimums (see line 26 fee et al., 1907 Season Standar	:	Type of Facility within Peer Group	(coor one) manage		All Facilities	All Facilities	Hosp Based	•		1			1
Pear Group Standards: Pearcomile (see Policy Manual) 100 0% 50.0% 50.0% 50.0% 50.0% 105.0% 10	:	Bed Size Range within Peer Group			All Bed Sizes		,				1		
Processing Pro	Pee	er Group Standards & Efficiency Measure Limits					:			1	i :		1
Page Page			(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		!
Base Period Per Diem Allowed Amounts							100.0%	100.0%					
5 As Filed Cost Center Costs (Routine & Special Sirves Combinad) 5 As Filed Cost Center Costs (Routine & Special Sirves Combinad) 5 As Filed Cost Center Costs (Art Audit Adjustments and Reallocations to Cost Center Costs (Art Audit Adjustments) 5 Cost Center Costs (Art Audit Adjustments) 6 Audit Adjustments and Reallocations to Cost Center Costs (Art Audit Adjustments) 7 Total Nursing Facility Days Cap Plus Right Days = 21,337 7 Total Nursing Facility Days (A.P.H. Ins. Right Days = 29,395 8 Pri 18 Cap He Right Days = 21,174 8 Pr	4 : Ef	fliciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		1
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 FV12 Audited CR 0ys 21,174 Total Nursing Facility Days As Fied Days = 21,337 Total Nursing Facility Days (L-PL Ins. Rpt	Bas	e Period Per Diem Allowed Amounts				:							!
6 Auth Adjustments and Reallocations to Cost Center Costs FY12 CRA Audat Adjustments S3,327,692 S16,84,894 S0 S53,286 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,8498 S5, 274,946 S22,972 S45,100 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S16,547 S23,52 S24,556 S24,556 S16,547 S23,52 S24,556 S24,556 S16,547 S23,52 S24,556 S24,556 S16,547 S23,52 S24,556 S24,5	5 As	s Filed Cost Center Costs (Routine & Special Srvcs 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
Cost Center Costs After Audit Adjistments	6 Au	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44.850	1		\$5,26
Total Nursing Facility Days	7 C	ost 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		\$5,26
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174					:		1 1	. ,	
10 Base Period Facility Case Mix Index for All Residents from 4 qtps of FY12 1.2193 11 Routine Srvcs Case Mix Adjut (CMA) Net Per Diem Ling Jun 10 \$55.27 12 Net Per Diems after Case Mix Adjut Routine Srvcs 9 \$55.27 \$0.00 \$25.47 \$23.52 \$21.68 \$1.17 \$5.51 \$0.00 \$1.0		Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PŁ Ins Rpt Days				1				20,995		i I
10 Base Period Facility Case Mirk Adjist (CMA) Net Per Diem	9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	\$0.2
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.2193	:	i :		:	1	1		
13 Per Diem Standards (After Statewide CMA for Routine Srves)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27					1	1		!
Per Diem Standards (Alter Stalewide CMA for Routine Srves) per Peer Group Limits \$71.51 \$0.00 \$29.15 \$23.09 \$20.56 \$0.00 \$NA	12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25,47	\$23.52		\$21.68	\$1,17	\$5.51	\$0.25
Counterly Per Diem Rate Prior to Add-ons CFMV	13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09	i	\$20.56	\$0.00	N/A	,
Comparing Per Diem Rate Prior to Add-on-National Per Diem Rate Prior to Add-on Amounts Sum of Ln 14 x Grwth Allwane % S24.69 S11.99 S0.00 S4.68 S4.24 S0.00 S3.78 N/A	14 Ba	ase 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	\$0.25
15 Growth Allowance Percentage = 18.37% Ln 14 x Growth Allowance % \$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 \$0.00 \$1.1940 \$1.	Qua	arterly Per Diem Rate Prior to Add-ons							i.		i -	(FRV)	
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 \$0.00 \$17 Quarterly Facility Case Mix Index for Medicaid Residents per Current QIr End 1,1940 18 Qritrly Routine Strvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 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 \$0.00		•	En 14 x Grwth Allwnc %	\$24.60	• • • • • • • • • • • • • • • • • • •	20.03	\$4.60	\$4.24	£0.00	60.70	ALVA		
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qir End Unit Strots Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 S92.25 19 Quarterly Medicaid CMA Allowed Per Diem Rate Ln 16 AllOthr = Ln 16 \$185.36 \$92.25 \$0.00 \$30.15 \$27.33 \$0.00 \$24.34 \$1.17 \$9.87 \$0.00 \$0			· · · · · · · · · · · · · · · · · · ·	•									N/A
18			· ·	Ψ170.01		. 40.00	. 930.13	\$21.33	. 30.00	\$24.34	\$1.17	\$9.87	. 50.2
19 Quarterly Medicaid CMA Allowed Per Diem		· · · · · · · · · · · · · · · · · · ·	Ln 16 x Ln 17				1				; · · · · · · · · · · · · · · · · · · ·		1
Quarterly Per Diem Add-on Amounts Surficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00	19 Qı		RS = Ln 18, AllOthr = Ln 16	\$185.36		\$0.00	\$30.15	\$27.33	\$0.00	\$24.34	\$1.17	\$9.87	\$0.29
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00 \$0.02 \$0.00 \$	Qua	orteriy Per Diem Add-on Amounts											,
21 BIMS Add-on Per Diem = 2.5% (to Roulline Sivs) Lin 19 Col bix CPS Add-on \$2.31 \$2.31 \$,		(see Policy Manual)	\$0.75	£0 63	የሰብዓ	\$0.22	\$3.00	ድብ ብብ	£0.00	. · · · · · · · · · · · · · · · · · · ·	en no	
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Rouline Sives) Ln 19 Col b x Sifing Add-on \$2.77 \$2.77 \$ 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 (lns 23) \$22.93 \$5.61 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00	i	· · · · · · · · · · · · · · · · · · ·	,,	-		. 40.00		\$0,00	. av.uu	. 50.00		\$0.00	:
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		<u></u> ,,	i i			:				1	· .		
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thns 23 \$22.93 \$5.61 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.20 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 \$0.00			ŭ							1 517 10] [
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 \$0.00		•	, ,	· ·	\$5.61	\$0.00	\$0.22	\$0.00	\$p on			\$ 0.00	\$0.0
	25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24			••••••					·		\$0.00
		- Andrew Programme and the second sec	(Ln 25 - Ln 23) * 0.75	\$143.39			+++++	42) +71.44	*****	<i>33.01</i>	φυ.23

Provider: Prvdr ID:	Waycross Health & Rehabilitation Center 00143459A Case Mix Per Diem Rate Effective Date:	4610004		wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overail CMI:		Facility Specific 1.2974	State- wide 1.3617
:	Case Mix Per Diem Rate Enective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	urs per On-Site Day/Q	trly BIMS score uality Incentive:	28.3% 3.28	1.0% 3.0%	Ortrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI: Wght Options:		1.4006 1.4251	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
			а	b	С	đ	е	f	9	g	h	ı
CASE MI	X BASED RATE CALCULATIONS							•				
1 Cost Co	enter Peer Groups	(see Policy Manual)	i	1	1	2	1	1	1	1		
	ype of Facility within Peer Group	(aca : oney member)	1	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	•	1		
6	led Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
Peer Gr	oup Standards & Efficiency Measure Limits		1					!		1		
2 Peer 0	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	1	50.0%			
	Group Standards: Multiplier	(see Policy Manual)	!	100.0%	100.0%	100.0%	100.0%	:	105.0%	1		
4 Efficie	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Pe	eriod Per Diem Allowed Amounts									1		
5 As File	ed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$18,980)	\$19,466
7 : Cost 0	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 Tota	al Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933							1 1	,	
Total	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9 Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Bas	e Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974		1		•	1			
11 Rou	ıline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10	1	\$50.94				,	i	1		
12 Net Pe	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.94	\$0.00	\$15.80	\$15.26	?	\$16.88	\$3.61	\$7.87	\$0.72
13 ; Per Di	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base I	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	\$0.72
Quarter	ly Per Diem Rate Prior to Add-ons										(FRV)	
i	h 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	hu A	\$17.6
	Allowed Per Diem (Alter Growth Allowance Add-on)	£n 14 + Ln 15	\$128.82	\$60.30	\$0.00	\$18.70	\$18.06	\$0.00		\$3.61	N/A \$7.45	N/A \$0.72
	arterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4251		\$10.70	\$10.00	. 30.00	\$13.30	\$3.01	\$7.45	\$U.7Z
	ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.93		:		i	I	1		
	arly 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
0	l. Das Dies Add - Assessed						2.3.00	:		45.51	4	. 40.72
	ly Per Diem Add-on Amounts	(nga Policy Manual)							1			
	ncy Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	į.	\$0.00	
	Add-on Per Diem = 1.0% (to Routine Srvs) Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$0.86 \$2.58	\$0.86		: 1				:		
	g Home Provider Fee	(Fixed Amount)	\$2.58	\$2.58						1		
	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41		\$17,10	50.00	60.00	
	ly Case Mix Based Per Diem Rate	£n 19 + Ln 24				·*····		\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
23 Quarter	IY Case MIX Dased Per Diem Kate	£0 18 + FB 54	\$176.52	\$89.90	\$0.00	\$18.92	\$18.47	\$0.00	\$37.45	\$3.61	\$7.45	\$0.72
26 Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(En 25 - Ln 23) * 0.75	\$119.57									
				:								

	rovider: WellStar Paulding Nursing Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
P	rvdr ID: 00142359A	1/1/0001		wth Allowance:		18.37%			Overall CMI:		1.0621	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	urs per On-Site Day/Qı urs per On-Site Day/Qı	trly BIMS score		5.5% 4.0%	Ortrly Moaid	Quarterly I CMI w RUG \	Medicaid CMI:		1.0399 1.0505	1.5438 1.5713
	WDO & Nuise His Data per Quarter Ending.	03/30/20 Nuise Hot	ara per orr-one bay/Qu	daily incentive.	4.40	4.078	Gittiy Mcald	OWI W TIOC V	rvgrit Options.		1.0303	1.57 15
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and
#		Calculations	а	b	С	d	e	a Maint		a	h	Insurance
			a	b	C	u	е	'	g	g	II	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
-	Type of Facility within Peer Group	(coo : choj maneal)		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 Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	63,718	, -,,		, , , .	, ,	*** /**	, , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* ,, -	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days	,							61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.00
	Constants Day Plans Data Patents Add										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	₾ 00 E1	¢10.14	#0.00	\$5.05	#4.04	#0.00	₾0.70	NI/A	NI/A	NI/A
15	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwhc % Ln 14 + Ln 15	\$26.51 \$182.13	\$13.14 \$84.65	\$0.00 \$0.00	\$5.35 \$34.50	\$4.24 \$27.33	\$0.00 \$0.00	\$3.78 \$24.34	N/A \$2.88	N/A \$8.43	N/A \$0.00
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$182.13		\$0.00	 გა4.50	φ∠7.33	\$0.00	\$24.34	\$∠.88	ъв.43	\$0.00
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.0505 \$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
19	Quarterly intedicald Civia Allowed Fet Dietit	110 - Lii 10, Allouli - Lii 10	φ100.40	ф00.92	φυ.00	φ34.30	Φ∠1.33	φυ.00	φ24.34	φ∠.88	φ0.43	φυ.υυ
	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 Srvs)	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 Srvcs)	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									

Provider Prvdr ID			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Prvariu	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		with Allowance: itrly BIMS score uality Incentive:	N/A 49.2% 3.64	18.37% 5.5% 3.0%	Ortrly Meaid	Quarterly	d Overall CMI: Medicaid CMI; Wght Options;		1.2886 1.4858 1.5148	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
			а	ь	С	d	е	f	9	g	h	i
CASE	MIX BASED RATE CALCULATIONS			:		1 .		1	!			
	at Center Peer Groups	(see Policy Manual)		. 1	. 1	2	1	1		1		
	Type of Facility within Peer Group	(286 Louch Marida)		. All Facilities	•	Ereo Standina	T All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group	<u> </u>		All Bod Sizes		All Bed Sizes	All Bed Sizes	1	All Bod Sizes	1		
Peor	r Group Standards & Efficiency Measure Limits					1 I		1		1		
	eer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Pe	eer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 Eff	fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	e Period Per Diem Allowed Amounts					. :			:	1		
5 As	s Filed Cost Center Costs (Rouline & Special Srvcs 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
	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	(\$226,908)	(\$33,605)	\$0		\$466	(\$9,971)				***
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0		\$602,113	\$621,084			(\$87,467) \$492,155	\$80,638 \$80,638
	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55.567	Ψη ΕΙ, ΟΙΨ	:	9552,103	4002,113	3021,004	\$001,430	\$143,097	\$492,133	\$60,038
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days	33,361		:			1	İ	56,920		
1 :	et Per Diems prior to Case Mix Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153,26	\$85.07	\$0.00	\$17.85	\$22.01	(with L&H)	\$15.50		\$8.86	\$1,45
	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	¥100.20	1.2886	. 40.00	1 317.03	\$22.01	(Min Luny	\$ 10.00	\$2.02	Φ0.00	\$1.40
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02	:			:	i	;		
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15,50	\$2.52	\$8.86	\$1.45
	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00		\$23.09	:	\$20.56		\$6.66 N/A	. \$1.40
	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135,25	\$66.02	\$0.00		\$23.09	:	\$15.50	\$2.52	9.90	F4 4F
: :	•		G 105.25	:	. 40.00	Ψ(1,03	\$22.01		\$ 10.00	92,32	9.90 (FRV)	\$1,45
! '	arterly Per Diem Rate Prior to Add-ons					1			1	:	(* ,	
	rowth Allowance Percentage = 18.37%	£n 14 x Grwth Allwnc %	\$22.30	\$12.13	\$0.00		\$4.04	\$0.00	\$2.85	N/A	N/A	N/A
	MA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5148		1		1		1		
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x l,n 17		\$118.38					İ			
19 Qu	uarterly 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
Qua	arterly Per Diem Add-on Amounts					:				1		
	fficiency 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	
	IMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$6.51	\$6.51			44.11			1 :	ψσ.υσ	
22 Nu	urse Staff Hrs / Quality Add-on Per Diem : 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.55	\$3.55		:			I i	. :		
23 Nu	ursing Home Provider Fee	(Fixed Amount)	\$17.10			1		1	\$17.10	1		
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.69	\$10.59	\$0.00	\$0.22	\$0,41	\$0.00	1	\$0.00	\$0.00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$226,47	\$128.97	\$0.00		\$26.46	50.00	\$35.82	·	\$9.90	\$1.45
26 . 0		4 55 4 50 4 5 5	***************************************				7-3-10	+5.00	¥50.02	. Va.JE	40.50	\$1.40
Zo Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.03									

	widen Westbury H & R-McDonough, Inc		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
PIV	rdr ID: 00143525A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Ho		owth Allowance: htrly BIMS score luality Incentive:	N/A 53.2% 4.76	18.37% 5.5% 3.0%	Qrtrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.2827 1.3712 1.3964	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	С	d	e	f	g	g	ħ	i
CA	ASE MIX BASED RATE CALCULATIONS								•	: 1		
. 1	Cost Center Peer Groups	(see Policy Manual)		: 1	. 1	2	1	1				:
	Type of Facility within Peer Group Bad Size Range within Peer Group	. (out one) (outloon)	•	All Facilities All Bed Sizes	All Facilities	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	!	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	1		
4 :	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
1	Base Period Per Diem Allowed Amounts							!				
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Audil Adjstmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)			(\$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		'·	\$627,419	\$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	54,323	:		1						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days	•							52,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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				;		1		
11 ;	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64,74						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$64.74	\$0.00	\$20.44	\$22.19	Ì	\$14.03	\$2.45	\$11.55	\$1,36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	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 Allwinc %	\$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		\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3964		1				;		
18	Ortrly Routine Srvcs 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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89			\$3.41				ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.21	\$3,21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					ı	\$17.10	, i		
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 lhru 23	\$27.51	\$9.63	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	· ·	\$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					*		· · · · · · · · · · · · · · · · · · ·		
<u>-</u>				_								

Prov			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvd		444704704		owth Allowance:	N/A	18.37%			l Overall CMI;		1.1885	1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	C rs per On-Site Day/Q	ltrly BIMS score	46.7% 3,81	5.5% 3.0%	044.04		Medicaid CMI:		1.5896	1.5438
	MOD & Muise this bata per quarter Enoug.	05/30/20 Nuise Floo	is per Oil-alle Day/Q	wanty incentive.	3,01	3.0%	иппу мезю	CMI w RUG V	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
			а	ь	c	d	е	f	g	: q	h	ì
CAS	SE MIX BASED RATE CALCULATIONS	!		:	:				7			
1 0	Cost Center Peer Groups	(see Policy Manual)		1		2		1		1		
	Type of Facility within Peer Group	(SOC) (Marical)		: All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	: I - All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes		All Bed Sizes	All Bed Sizes		All Bed Sizes			
F	Peer Group Standards & Efficiency Measure Limits	! !				1 1		:		: ,		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%	:		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
E	Base Period Per Diem Allowed Amounts					1		1		:		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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)	1 1	(\$97,556)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	S0	\$1,004,184	\$662,306	,	\$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	1							*********	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL ins Rpt Days				1				67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 gtrs of FY12		1.1885						1	*****	: 41,00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$58.53		1		1		: :		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons	:				1			l	1 .	(FRV)	
	Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	£40.47	. 640.75		50.00	70.40					
	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$19.47	\$10.75	\$0.00		\$3,10	\$0.00		N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$139.67	\$69.28	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.6211				!		!		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.70	\$112.31 \$112.31	60.00	647.04	\$40.00	60.00				
			\$102.70	. \$112.31	\$0.00	\$17.31	\$19.99	\$0.00	\$18.86	\$2.11	\$10.79	\$1.33
	Quarterly Per Diem Add-on Amounts	· ·				1				i :		
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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.18	\$6.18		1		i		1		
	Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37		1		: i				
	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$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 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Lπ 24	\$210.88	\$122.39	\$0.00	\$17.53	\$20.40	\$0.00	\$36.33	\$2.11	\$10.79	\$1.33
26 ± C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145,34					dune et	·	<u></u> ,		
			\$ 1-13.54									

	ovider: Westminister Commons ovdr ID: 00140082A			th Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C Base Period	CMI) Data I Overall CMI:		Facility Specific 1,3564	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurse Hours per 0		ly BIMS score ality Incentive:	47.5% 2.77	5.5% 2.0%	Ortrly Meaid		Medicaid CMI: Wght Options:		1,4290 1,4534	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	С	ď	e	l l	9	g	h	i
<u>C</u>	ASE 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 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%	7 II DEG GIZEG	50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 8	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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Cof a			***			1		26,912	_	
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY10	\$166,94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		1.3564 \$58,26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58,26	\$0.00	\$13,78	\$20,51	:	000.00		.	
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$13,78	\$20,51		\$28,62	\$4.30	\$18.28	\$2.43
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 \$23.46	\$0.00 \$4.30	N/A 7.81	60.40
	Quarterly Per Diem Rate Prior to Add-ons		\$100.55	\$05.20	\$0.00	\$10,70	\$20,51		\$23,40	\$4.50	(FRV)	\$2.43
15	Growth Allowance Percentage = 18,37%	Ln 14 x Grwth Allwnc %	\$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 Otr End		1,4534								
18	Ortrly Routine Srvcs 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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routino Srvs)	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 Srvcs)	Ln 19 Col b x Sting 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				,		1		1	I

	rovider: Westview Nursing & Rehab Center rodr ID: 00143536A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 35.2% 3.87	Add-on <u>Percent</u> 18.37% 2.5% 3.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3807 1.9071 1.9446	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
			а	b	С	d	е	f	g	g	h	i
C	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3807</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	•	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	· ·	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		<u>1.9446</u>								
18	Qrtrly Routine Srvcs 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 = 2.5% (to Routine Srvs)	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 Srvcs)	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									

	ovider: Westwood (University Extended Care) vdr ID: 00219359A		Add-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 18.37%	Cas	e Mix Index (C	MI) Data		Facility Specific 1,3761	State- <u>wide</u> 1,3617
:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou	Q rs per On-Site Day/Q	trly BIMS score uality Incentive:	43.7% 3.59	2.5% 3.0%	Ortrly Moaid		dedicaid CMI:		1.5328 1.5599	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
			а	b	Ç	d	e	f	9	<u>g</u>	h	i
_ C	ASE MIX BASED RATE CALCULATIONS			:		1				:		
. 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1			· .		
	Type of Facility within Peer Group	(aco : Dicy manual)		All Facilities	All Facilities		ı All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group	:		All Bed Sizes		All Bed Sizes	All Bed Sizes	1	All Bed Sizes	. !		
	Peer Group Standards & Efficiency Measure Limits	· ·				1				· i		
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	ı	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	1	105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	1	\$0.37			
	Base Period Per Diem Allowed Amounts	:		:		i						
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	6: \$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdjsImts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)			\$0.0,470	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	50		\$532,811	\$390,748	\$877.678	\$183.274	\$315,476	
8	Total Nursing Facility Days As Filed Days = 51,167	FY12 Audited C/R Days	51,167		**		+202,0			0100,214	Ψ313,470	σ. ψ
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days				1			:	50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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	7 \$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3761			*		:	45,01	Ψ0.11	. 40.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$70.92		<u> </u>				1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3,61	\$6.17	7 \$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	I	\$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	l	\$17.15	\$3.61	16.41	
	Overdado Bar Diana Bata Salanda Bata ana	:				1			; •		(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwinc %	COD 40	640.00	00.00		***					
16	Growth Allowance Percentage = 18.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc %	\$22.49	\$13.03	\$0.00	\$2.99	\$3.32	\$0.00		N/A	N/A	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$164.88	\$83.95	\$0.00	\$19.24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	1 \$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5599 \$130.95		: [:		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOlhr = Ln 16	\$211.88	\$130.95	\$0.00	\$19,24	\$21.37	\$0.00	\$20.30	\$3.61	\$16.41	1 \$0.00
			Ψ	Ψ.00.33	ψ0.00	413.27	Ψ21.31	\$0.00	φ20,30	\$3.01	φι 0. 4	30.00
	Quarterly Per Diem Add-on Amounts			:		: :		i	i			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] 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	0 -
21	BIMS Add-on Per Diern = 2.5% (to Routine Srvs)	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 Sives)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93		÷ .			:			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			: 1		1	\$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 \$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	1 \$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.39		*************************				***	· <u>-</u>		

FINAL

	Westwood Nursing Center 10370862A lo	Case Mix Per Diem I MDS & Nurse Hrs Data		01/01/21 09/30/20 Nurse Hou		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 45.8% 4.39	Add-on Percent 18.37% 5.5% 2.0%	Qrtrl		riod Overall CMI: rly Medicaid CMI:		Facility Specific 1.3746 1.5982 1.6233	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
CASE MIY	BASED RATE CALCULATIONS				a	b	С	d	е	f	g		h	i
	Center Peer Groups per Selected Option	ine				4 1		2			1 .			1
	Type of Facility within Peer Group	113				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			
	roup Standards & Efficiency Measure	Limits				All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All bed Sizes			
	Group Standards: Percentile					90.0%	90.0%	90.0%	85.0%		50.0%			
	Group Standards: Multiplier					100.0%	100.0%	100.0%	100.0%		105.0%			
	ency Measures (Maximums)					\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Pe	eriod Per Diem Allowed Amounts						40.00	JOILE .	ψ0.17		ψ0.57			
Net H	Historical Cost 2010	0		FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149.522	328,763	47,102	316,084	2,412
Inflati	ion (July 2012) @	2.06%				23,418		4,801	5.817	,	6,773	,,,,,,	0.0,001	50
Patie	ent Days			FY 2010 Cost Rpt		19,770		19,770	19,770		19,770		19,770	19,770
	ursing Facility Days GL-PL Ins. Rpt			FY 18 GL-PL Ins Rpt Days		2000			1000,000			12,944		,
Inflate	ed NHC/ Patient Days					58.69		12.03	14.58		16.97	3.64	15.99	0.12
	Period Facility CMI for all Residents					1.3746								7.00
	ine Services Case Mix Adjusted Net Per	Diem				\$42.69								
	Per Diems After Case Mix Adjustments				\$106.03	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
	Diem Standards					\$72.49		\$17.69	\$23.20		\$21.80			
	Period Case Mix Adjusted Allowed Per I	Diem			\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9.07	0.12
	rly Per Diem Rate Prior to Add-Ons												(FRV Rate)	
1 50000	th Allowance 18.37%	-			\$15.85	\$7.84		\$2.21	\$2.68		\$3.12			
10000000	Allowed Per Diem After Growth Allowan	9.5 o			\$114.95	\$50.54		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
1000000	terly Facility Case Mix Index for Medicaid					1.6233								
	Routine Srvcs Case Mix Adjstd (CMA) N	let Per Diem				\$82.04								
1000	terly Medicaid CMA Allowed Per Diem				\$146.46	\$82.04		\$14.24	\$17.25		\$20.09	\$3.64	\$9.07	\$0.12
	rly Per Diem Add-On Amounts													
	ency Add-On Per Diem (Std - Allwd x .75		(- D C -)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	S Add-on Per Diem =	5.5% 2.0%	(to Routine Srvs)		\$4.51	4.51							1	
200000000000000000000000000000000000000	Staff Hrs / Quality Add-on Per Diem = ing Home Provider Fee	2.0%			\$1.64 \$ 17.10	1.64					\$ 17.10			
10 E007 NO 1000	Quarterly Per Diem Add-On Amounts				\$ 17.10						\$ 17.10			
	rly Case Mix Based Per Diem Rate				\$171.24	\$88.72		\$14.46	\$17.66		\$37.56	\$3.64	\$9.07	\$0.12
	ed Hold Per Diem Rate (Per Diem Rate - P	vdr Fool v 75%		\$115.61	9171.24	900.72		\$14.40	\$11.00		\$31.56	\$3.64	\$9.U <i>1</i>	\$0.12

Provider: Prvdr ID:			Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
i ivai ib.	Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: triv BIMS score	N/A 31.0%	18.37% 2.5%			i Overall CMI: Medicaid CMI:		1.3013	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		rs per On-Site Day/Qi		3.82	3.0%	Ortrly Meaid		Wedicald Civil: Wght Options:		1.4431 1.4692	1.5438 1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
: :			а	ь	С	d	е	f	General	g	h	insurance
CASE	MIX BASED RATE CALCULATIONS	:				 				, y		
	Center Peer Groups					1			! !			
Cost	Type of Facility within Peer Group	(see Policy Manual)		1 All Fecilities	1 AP 5: 400	2	1	1	. 1	:		
	Bed Size Rango within Peer Group	Ĭ		All Bed Sizes		Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer	Group Standards & Efficiency Measure Limits	•	:									
	er Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			
3 Pee	er Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%			
4 Effic	iciency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41	•	\$0.37			
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Sives 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 Auc	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7 Cos	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	SO	\$281,589	\$163,738	\$166,780		\$8,987	\$19,812	\$12,230
8 T	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340		•		4.00,.00		, 4000,001	40,337	\$15,012	Ψ12,230
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days	.,.			1		:		15,434		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 E	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013	*****			:	420110		41.20	40.00
: 11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	;	\$55.43					!			
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.43	\$0.00	\$18,36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	40.00
14 Bas	se 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	\$0.80
Quar	terly Per Diem Rate Prior to Add-ons							:	:		(FRV)	•
4	owth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$21.20	£40.40	* 0.00		£0.00					
	A Allowed Per Diem (After Growth Allowance Add-on)	In 14 + Ln 15	\$147.25	\$10.18 \$65.61	\$0.00	\$3.37	\$3.96	\$0.00	\$3.69	N/A	N/A	N/A
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$147.25	1.4692	\$0.00	\$21.73	\$25.51	\$0.00	\$23.79	\$0.58	\$9.23	\$0.80
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.39		•			l			
	arterly 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
	dodu Das Diese Add on America						4.0.01		720.73	40,00	40.23	. 40,00
	terly Per Diem Add-on Amounts	(one Believ Menuel)	64.00						i			
	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) MS Add-on Per Diem = 2.5% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.32	\$0.53	\$0.00	\$0.04	\$0,41	\$0.00	\$0.34		\$0.00	
	·		\$2.41	\$2.41				•	t i			,
1	rse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.89	\$2.89		1						
	rsing Home Provider Fee la! Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		60.00	***			\$17.10			
			\$23.72	\$5.83	\$0.00	\$0.04	\$0,41	\$0.00	\$17.44	\$0.00	\$0.00	\$0.00
25 Quart	terly 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 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$138.49									

	ovider: William Breman Jewish Home odr ID: 00040752A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		wth Allowance: trly BIMS score	Facility Score N/A 55.9% 6.07	Add-on <u>Percent</u> 18.37% 5.5% 4.0%	Case Qrtrly Mcaid	Quarterly N	Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4004 1.5397 1.5623	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
			а	b	С	d	е	f	g	g	h	i
<u>C/</u>	ASE 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 3 4	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) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$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	FY12 Audited C/R Days	33,439									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4004</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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										(1714)	
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	\$191.35	\$84.65	\$0.00	\$21.79	\$27.33	\$0.00	\$24.34	\$4.31	\$27.81	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5623</u>								
18	Qrtrly Routine Srvcs 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.27	\$7.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.29	\$5.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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									_

FINAL

Prv	vider: Willowwood Nursing Center dr ID: 00271829A (/B ?: No Case Mix Per Diem R MDS & Nurse Hrs Data p		01/01/21 09/30/20 Nurse Hou		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 44.4% 3.52	Add-on Percent 18.37% 2.5% 3.0%	Qrtrl		riod Overall CMI: rly Medicaid CMI:		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
CA	SE MIV PACED DATE CALCULATIONS			a	b	С	d	е	f	g		h	
	SE 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)				1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	Preestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
1	Base Period Per Diem Allowed Amounts				\$0.00	ψ0.00	90.22	\$0.47		\$0.37		1	
	Net Historical Cost 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	F	FY2010 C/R -FY 2018 GL-PL Rpt FY 2010 Cost Rpt FY 18 GL-PL Ins Rpt Days		1,595,445 32,866 35,750 45.55		413,205 8,512 35,750 11.80	205,765 9,744 35,750 13.50	267,259	616,206 12,694 35,750 17.59	78,669 31,254 2.52	380,009 35,750 10.63	18,585 383 35,750 0.53
	Routine Services Case Mix Adjusted Net Per Diem Net Per Diems After Case Mix Adjustments			\$94.91	1.1879 \$38.34 \$38.34		\$11.80	\$ 13.50		\$17.59	\$2.F2	\$40.00	0.53
	Per Diem Standards Base Period Case Mix Adjusted Allowed Per Diem		-	\$92.28	\$72.49 \$38.34		\$17.69 \$11.80	\$23.20 \$13.50		\$17.59 \$21.80 \$17.59	\$2.52 \$2.52	\$10.63 7.99	0.53
	Quarterly Per Diem Rate Prior to Add-Ons Growth Allowance 18.37%			\$14.92	\$7.04		\$2.17	\$13.50		\$3.23	₹2.52	(FRV Rate)	0.53
	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			\$107.19	\$45.39 1.8466 \$83.82		\$13.96	\$15.98		\$20.82	\$2.52	\$7.99	\$0.53
	Quarterly Medicaid CMA Allowed Per Diem			\$145.62	\$83.82		\$13.96	\$15.98		\$20.82	\$2.52	\$7.99	\$0.53
	### Add-On Per Diem (Std - Allwd x .75 up to max or 0) ### BIMS Add-on Per Diem = 2.5% **Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%	(to Routine Srvs)		\$1.53 \$2.10 \$2.51	\$0.53 2.10 2.51		\$0.22	\$0.41		\$0.37			
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts			\$ 17.10 \$23.24	2.51					\$ 17.10			
	Quarterly Case Mix Based Per Diem Rate			\$168.86	\$88.96		\$14.18	\$16.39		\$38.29	\$2.52	\$7.99	\$0.53
	eave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%		\$113.82										

Provider: Windemere Health & Rehab		Add-on Data and	***************************************	Facility Score	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
Prvdr ID: 00241678A	414/0004		owth Allowance:	N/A	18.37%			Overall CMI:		1.5761	1.3617
Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		urs per On-Site Day/Q	Itrly BIMS score	38.2% 3.24	2.5% 2.0%	Ortriu Megiri		Medicaid CMI: Wght Options:		1.6440 1.6748	1.5438 1,5713
	,		dunty mocritive.	V.L-7	2.070	Citity wiceld	OWII W INGO	rrgal Oplicas.	•	1.0740	1,3713
			Routine	Special	1	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskong	Operators	and	Insurance	and	and
	Calculations	. a	ь				& Maint	General	!	Related	Insurance
			<u> </u>	. с	d d	е	; <u> </u>	g	9	h	1
CASE MIX BASED RATE CALCULATIONS	•	· ·	•		1		:		•		
1 Cost Center Peer Groups	(see Policy Manual)	1	1	1	2	1	1	1	1		
Type of Facility within Peer Group	i	!	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			I
Bed Size Range within Peer Group	#		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bod Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits		i	•		:			1	1 :		
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%	1		I
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	i		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	1		
Base Period Per Diem Allowed Amounts	•	:		:	1		:				
5 As Filed Cost Center Costs (Routine & Special Styce 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 Adjstmts	(\$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			1						
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days	:	•		:		ì		38,159		;
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,80		1			•	1		
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.80	\$0.00	\$15.15	\$11.51	1	\$25.38	\$0.10	\$5.39	\$1,24
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	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	i	\$20.56	\$0.10	9.32	\$1.24
Quarterly Per Diem Rate Prior to Add-ons	*		i		1		!	•	: 1	(FRV)	
15 Growth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$18,00	\$9.33	\$0.00	\$2.78	\$2,11	\$0.00	£2.70	61/6	11/4	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126,68	\$60.13	\$0.00	4	\$13.62	•		1	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	. 9120,00	1.6748	\$0.00	317.93	\$13,02	\$0.00	\$24.34	\$0.10	\$9.32	\$1.24
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x in 17		\$100.71		: 1				: ;		I
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$167.26	\$100,71	\$0.00	\$17.93	\$13.62	\$0.00	\$24.34	\$0.10	\$9.32	
duality winding one Amorea Lei Dielli	10 211 10,740 311 4 211 75	\$107.20	\$100,71	. \$0.00	\$17.83	\$13.02	30.00	\$24.54	50.10	\$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 Srvs	• .	\$2.52	\$2.52					1			
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.01	\$2.01		: '			1			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:		1			\$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			-i		·		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	,,	:									

Provider: Winder Nursing, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Prvdr ID: 00142854A Case Mix Per Diem Rate Effective Date:	1/1/2021		with Allowance: trly BIMS score	N/A 30.4%	18.37% 2.5%			Overall CMI:		1.3615	1.3617
MDS & Nurse Hrs Data per Quarter Ending:		ırs per On-Site Day/Qı		3.76	3.0%	Orlrly Meaid		Medicaid CMI: Wght Options:		1.3493 1.3715	1.5438 1.5713
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	e	f	g	. 9	h	: i
CASE MIX BASED RATE CALCULATIONS		:									
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	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		:			1		!	:			
2 Peer Group Standards: Percentile	(see Policy Manual)	:	90.0%	90.0%	90.0%	85.0%		50.0%	:		
3 Peer Group Standards: Multiplier	(see Policy Manual)	:	100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts					1 :			1	!		
5 As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)	i	(\$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			i						
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 Adjstmt to Routine Srvcs	£n7/£n8Cola	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12	:	<u>1.3615</u>		1		}				
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93		:		(i !
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	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	\$0.37
Quarterly Per Diem Rate Prior to Add-ons					1			•	1	(FRV)	
15 Growth Allowance Percentage = 18.37%	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	:	\$2,52	\$11.16	
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	;	1.3715				i	1		• • • • • • • • • • • • • • • • • • • •	1
18 ; Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.17						į :		1
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		:					:		1		
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	1	\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$2.23	\$2.23					1	1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.68	\$2.68								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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			<u></u>		·		! <u>i</u>		

Provider: Winthrop Manor Nursing Center Prvdr ID: 00143118A	-		wth Allowance:	Facility Score N/A	Add-on Percent 18.37%	Cas		Overall CM		Facility Specific 1.3379	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hour	QI s per On-Site Day/Qı s	trly BIMS score uality Incentive:	23.6% 4.02	1.0% 3.0%	Qrtrly Mcaid	Quarterly N CMI w RUG V	Aedicaid CMI Vght Options		1.5195 1.5449	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
		а	ь	С	d	e	f	g	9 ,	h	i
CASE MIX BASED RATE CALCULATIONS	<u> </u>							' I			
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1			1		
Type of Facility within Peer Group	(ace i only Manual)		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				
Peer Group Standards & Efficiency Measure Limits	:	:							1		
2 Peer Group Standards: Percentile	(see Policy Manual)	;	90.0%	90.0%	90.0%	85.0%	'	50.0%	1		
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%	:	105.0%	4		
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)	:	\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts							:		1		
5 As Filed Cost Center Costs (Routine & Special Sives 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 Adjstmts	(\$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	* 1	\$372,485	\$33,959
8 Total Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35,374					:				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL ins Rpt Days								33,215		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 ptrs of FY12	:	1.3379		:		:				
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	:	\$60.53				:				
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	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	\$0.96
Quarterly Per Diem Rate Prior to Add-ons			•				ì			(FRV)	
15 Growth Allowance Percentage = 18.37%	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		\$10.26	\$0.96
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4 1.10.0.1	1.5449	Ψ0.00	1	JE1.03	Ψ0.00	. φει.ιο	Φ2.01	\$10.20	. 50.50
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.69						i		
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
Outstand Propries Add to Assessed		:			1					*	
Quarterly 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			.	
20 Esticiency Add-on Per Diem (Sino - Alwa) x.75, up to max, or u) 21 BIMS Add-on Per Diem = 1,0% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$1.53 \$1.11	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37	1	\$0.00	:
22 Nurse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$1.11								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$3.32		1			\$17.10	.: 1		
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	\$17.10		\$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		\$10.26	\$0.00
	<u> </u>	32U0.44	C0.611¢	30.00	\$11.41	\$22.30	\$0.00	\$35.53	\$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									

Clase May Per Diem Rest Filtriche Date 11/12/25 1		ovider: Wood Dale Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C	***************************************		Facility Specific	State- wide
Description Sourcest Totals Sourcest Totals Sourcest	Pr	Case Mix Per Diem Rate Effective Date:		Q	trly BIMS score			Qrtrly Mcaid	Quarterly !	Medicaid CMI:		1.1485	1.5438
CASE MIX BASED RATE CALCULATIONS 1 Cost Center Peur Groups Type of Entitive With Peur Groups All Facilities All F		Description		Totals			Dietary		Operatos	and		and	
Cost Center Pay Croupe See Pulsy Milmost)		The state of the s		3	b	C	d	е	f	g	g	h	i
Type of Facility within Pare Group Bed Store Pales Mile Store Mile of Mile of	<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
Type of Facility within Pare Group Bed Store Pales Mile Store Mile of Mile of	. 1	Cost Center Peer Groups	(see Policy Manual)								!		
Bed Size Region within Pear Group All Bed Size All Size All Bed Size All		•	(366 Colley Manual)					•			:		
2 Pear Group Standards: Protectible (see Policy Manual) 90.0%		Bed Size Range within Peer Group									1		
2 Pear Group Standards: Protectible (see Policy Manual) 90.0%	!	Peer Group Standards & Efficiency Measure Limits					1						
100.096	,		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
Base Period Per Diem Allowed Amounts	3					100.0%	100.0%	100.0%			1		
5 As Filed Cost Center Costs (Routine & Special Sives Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs And Adjustments and Reallocations to Cost Center Costs 6 7 Total Nursing Facility Days CL-PL Ins. Rpt A Filed Days = 29,208 7 Total Nursing Facility Days CL-PL Ins. Rpt A Filed Days = 29,208 7 Total Nursing Facility Days CL-PL Ins. Rpt A Filed Days = 29,114 9 Net Per Diems prior to Case Mix Adjustm to Routine Stross 1 Routine Sinces Case Mix Adjust (CMA) Net Per Diem 1 Routine Sinces Case Mix Adjust (DAM) Net Per Diem 2 Net Per Diems after Case Mix Adjust (DAM) Net Per Diem 3 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 4 Net Per Diems after Case Mix Adjust (DAM) Net Per Diem 5 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 6 Net Per Diems Add-on Read-ons 7 Cost Center Case Mix Adjust (DAM) Net Per Diem 7 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 8 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 9 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 1 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 1 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 1 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 1 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem 1 Net Per Diem Safer Case Mix Adjust (DAM) Net Per Diem Net Network Network Per Diem 1 Network Network Per Diem Network Networ	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
6 Audil Adjustments and Reallocations to Cost Center Costs FY12 CIR Audit Adjustments S12,000 S2	1	Base Period Per Diem Allowed Amounts					1			1			
6 Audit Adjustments and Reallocations to Cost Center Costs F1/12 C/R Audit Adjustments \$17.067 \$0.5	5	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033,00	\$2,417,583	S0	\$472.033	\$287.471	\$253.518	. \$474 971	\$8 205	\$305.252	\$n
7 Cost Center Costs After Audit Adjustments FY12 Audited CR Sp. 32,10,66 S2,417,593 S0 S470,330 S287,471 S283,518 S457,904 S8,205 S304,569 S2,205 Total Nursing Facility Days As Flied Days P FY12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days B PF12 Audited CR Days P 174 B GL-PL Ins. Rpt Days Days Days Days Days Days Days Days	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdjsImts										
Total Nursing Facility Days	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	,					1	,			
9 Nel Per Diems prior to Case Mix Adjistmt to Rouline Srvcs	- 8	Total Nursing Facility Days As Fited Days = 29,208	FY12 Audited C/R Days		, , , , , , , , , , , , , , , , , , , ,			02011111	4200,010		40,200	\$504,503	\$2,500
9 Net Perr Diems prior to Case Mix Adjisht to Routine Srives 10 Base Period Facility Case Mix Adjisht (ORA) Net Per Diem 11 Routine Srives Case Mix Adjisht (ORA) Net Per Diem 12 Net Per Diems after Case Mix Adjisht (ORA) Net Per Diem 13 Per Diems after Case Mix Adjisht (ORA) Net Per Diem 14 Routine Srives Case Mix Adjisht (ORA) Net Per Diem 15 Per Diems after Gase Mix Adjisht (ORA) Net Per Diem (ORA) 16 Base Period Case Mix Adjisht (ORA) Net Per Diem (ORA) 17 Per Diems Addidor Silves 18 September 19 Septemb	1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days				÷ .			1	29 114		
10 Base Period Facility Case Mix Adjist (CMA) Net Per Diem Ln 9/Ln 10 S66.09 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S0	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$143,86	\$82.77	\$0.00	\$16.10	\$18.52	(with L&H)	\$15.68		\$10.43	: รถกร
Routine Sroce Case Mix Adjistd (CMA) Net Per Diem Ln9/Ln10 S66.09 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28 S10.43 S0.00 S16.10 S18.52 S15.68 S0.28	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2524		1 11111	¥.2.00	,		40.20	φ,0.43	. 40.00
13 Per Diem Standards (Alter Statewide CMA for Routine Srives) Per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.55 \$0.00 \$NA 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 \$0.06 15 Growth Allowance Percentage = 18.37%	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10				i i				:		
Per Diem Standards (After Statewide CNA for Routine Stross) per Peor Group Limits S16.39 S66.09 S0.00 S18.41 S23.09 S20.56 S0.00 N/A Lesser of Ln 12 or Ln 13 S126.39 S66.09 S0.00 S16.10 S18.52 S15.68 S0.28 9.64 S0.08 Quarterly Per Diem Rate Prior to Add-ons CMA Allowance Percentage = 18.37% Ln 14 x Gwth Allowance Percentage = 18.37% Ln 14 x Ln 15 S147.77 S78.23 S0.00 S19.06 S21.92 S0.00 S18.56 S0.28 S9.64 S0.08 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S147.77 S78.23 S0.00 S19.06 S21.92 S0.00 S18.56 S0.28 S9.64 S0.08 Quarterly Facility Case Mix Adjust (CMA) Net Per Diem Add-on Amounts Efficiency Add-on Per Diem (Sind - Alwalj x .75, up to max, or 0) Efficiency Add-on Per Diem = 2.55% (to Routine Srves) In 19 Colb x CPS Add-on S2.28 S2.28 Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 lbm 23 S22.73 S4.63 S0.00 S19.28 S2.33 S0.00 S36.03 S0.28 S9.64 S0.08 S20.56 S0.00 N/A S18.41 S23.09 S20.56 S0.00 N/A S18.55 S2.89 S0.00 S18.56 S0.28 S9.64 S0.08 S20.65 S0.00 N/A S16.50 S0.28 S9.64 S0.08 S21.38 S12.14 S0.00 S2.96 S3.40 S0.00 S18.56 S0.28 S9.64 S0.08 S21.38 S19.04 S0.00 S19.06 S21.92 S0.00 S18.56 S0.28 S9.64 S0.08 S21.38 S91.04 S0.00 S19.06 S21.92 S0.00 S18.56 S0.28 S9.64 S0.08 S21.38 S91.04 S0.00 S19.06 S21.92 S0.00 S18.56 S0.28 S9.64 S0.08 S22.82 S2.28 S22.83 S0.00 S0.22 S0.41 S0.00 S0.37 S0.00	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10.43	\$0.08
Sase 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 \$0.00 \$0.00 \$0.00 \$0.00 \$16.10 \$18.52 \$15.68 \$0.28 9.64 \$0.00 \$0.00 \$16.00 \$15.00	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41					*	. 40.00
Quarterly Per Diem Rate Prior to Add-ons CFRV	. 14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00	\$16.10						\$0.08
15 Growth Allowance Percentage = 18.37%	1	Quartedy Per Diam Pate Brian to Add one					: :			1	1		
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 \$17.77 \$18.25 \$0.00 \$19.06 \$21.92 \$0.00 \$18.56 \$0.28 \$9.64 \$0.08 \$19.06 \$1.1638 \$1.163	15	•	in 14 v Gruth Alluma 9/	£04.00	040.44	***							
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.1638 18 Qrtrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvcs) 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 Srvcs) Ln 19 Col b x Sfing Add-on \$1.82 \$1.82 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts \$2.27.3 \$4.63 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00		<u> </u>						•					N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem				3147.77		\$0.00	\$19.06	\$21.92	\$0.00	\$18.56	\$0.28	\$9.64	\$0.08
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 \$0.00 \$		· · · · · · · · · · · · · · · · · · ·					1			1	1		i
Quarterly Per Diem Add-on Amounts Sum of Lns 20 Ln 19 + Ln 24 S18.31 S95.67 S0.00 S1.22 S0.41 S0.00 S1.52 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00 S0.22 S0.41 S0.00	19		:	\$160.58		\$0.00	\$10.06	£21.02	\$0.00	£40 CC	60.00	20.04	
Efficiency Add-on Per Diem ([Stud - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.0	i i	·		4.00.00	401.04	\$0.00	\$19.00	\$21.52	\$0.00	\$10.50	\$0.26	\$9.64	\$0.08
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.28 \$2.2							:				1		
22 Nurse Staff Hrs / Quality Add-on Per Diem: 2.0% (to Routine Stros)	1 1					\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	: .	\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	1	20075					1			i	1		
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			•		\$1.82						1		
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 \$0.00	1		,				1		:	\$17.10			
30.00 313.20 322.33 30.00 336.03 50.26 39.64 50.00				\$22,73	\$4.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 · Ln 23) * 0.75 \$124.66	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			·····		······································				

Provider: Prvdr ID;		k Rehab Ctr.		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	e Mix Index (C		•	Facility Specific	State- wide
111001101		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	1/1/2021 09/30/20 Nurse Hou		trly BIMS score	30.9% 3.94	18.37% 2.5% 2.0%	Qrtrly Mcaid	Quarterly i	d Overall CMI: Medicaid CMI; Wght Options:		1.1917 1.3489 1.3699	1.3617 1.5438 1.5713
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	ь	С	d	е	f	g	9	h	i
CASE !	MIX BASED RATE CALCU	<u>JLATIONS</u>					1			:	1		ì
1 Cost	Center Peer Groups		(see Policy Manual)		1	1	2	1	1	. 1	,		
	Type of Facility within Peer Group		(ess vive) managy		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	1		:
Peer	Group Standards & Efficiency	Measure Limits							; ;				
i	er Group Standards: Percentile		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	:	50.0%			i
	er Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 EIII	iciency Measure Maximums (see	line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base	Period Per Diem Allowed Amo	unts					· .		:	1			
; 5 Asl	Filed Cost Center Costs (Routine	& Special Sives 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 Auc	dit Adjustments and Reallocations	to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	
7 Cos	st Center Costs After Audit Adjust	Iments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	. ,	\$22,007	\$295,334	\$28,457
8 T	Total Nursing Facility Days	As Filed Days = 22,087	FY12 Audited C/R Days	22,087								,,	,
. : T	Total Nursing Facility Days GL-Pt.	Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days				: :				41,847		
9 Net	l Per Diems prior to Case Mix Adj	stmt to Routine Srvcs	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 E	Base Period Facility Case Mix Indi	ex for All Residents	from 4 qtrs of FY12		<u>1.1917</u>		:		:	•			
11 F	Routine Srvcs Case Mix Adjstd (C	:MA) Net Per Diem	En 9 / En 10		\$48.35				:		1		!
12 Net	l Per Diems after Case Mix Adjstr	nt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29
	Diem Standards (After Statewide C	•	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	:	\$20.56	\$0.00	N/A	
14 Bas	se Period Case Mix Adjusted Allov	wed 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	\$1.29
Quar	terly Per Diem Rate Prior to Ad	d-one					1				÷.	(FRV)	
	owth 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	61/0	
1 1	A Allowed Per Diem (After Growth		Ln 14 + Ln 15	\$120.93	\$57.23	\$0.00	\$16.71	\$20.17	\$0.00	\$19.85		N/A \$5.15	N/A
	Quarterly Facility Case Mix Index (·	per Current Qtr End	4120.33	1.3699	\$0.00	\$10.71	\$20.17	. 40.00	\$19.00	\$0.55	\$3,15	\$1.29
	Ortriy Routine Srvcs Case Mix Adi		Ln 16 x Ln 17		\$78.40		:				: :		
19 Qua	arterly Medicaid CMA Allowed Per	r Diem	RS = Ln 18, AliOthr = Ln 16	\$142.10	\$78.40	\$0.00	\$16,71	\$20.17	\$0.00	\$19.85	\$0.53	\$5.15	\$1.29
Oune	tarki Dar Diam Add on Americk	_	· ·		· :							•	
, ,	terly Per Diem Add-on Amounts ciency Add-on Per Diem ((Stnd - /		(see Policy Manual)	\$1,53			60.00	60.44		***	1		!
	#S Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$0.53 \$1.96	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	t	\$0.00	
	rse Staff Hrs / Quality Add-on Per		Ln 19 Col b x Stfng Add-on	\$1,57	\$1.57					1	1		
	rsing Home Provider Fee		(Fixed Amount)	\$17.10	ψι.37		: :			\$17.10	1)		
1 :	al Quarterly Per Diem Add-on Am	iounts	Sum of Lns 20 thru 23	\$22.16	\$4.06	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	; \$0.00
	terly Case Mix Based Per Diem		Ln 19 + Ln 24	\$164.26	\$82.46	\$0.00	\$16.93	\$20.58	\$0.00	•	\$0.53	\$5.15	\$1.29
<u> </u>					402.70	40.00	\$10.00	3 20.30	\$0.00	331.32	\$0.33	\$5.15	\$1.29
∠o uuan	terly Per Diem Rate for Bed Hol	io ano Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.37									

	rovider: Woodstock Nursing and Rehab Center	<u>Ad</u> ı	d-on Data and P	ercentages vth Allowance:	Facility Score N/A	Add-on Percent 18,37%	Cas	e Mix Index (CMI) Data d Overall CMI		Facility Specific 1,5030	State- wide 1,4014
	Case Mix Per Diem Rate Effective Date:	1/1/2021		ly BIMS score		2.5%			Medicaid CMI		1.7195	1.5438
	MDS & Nurse Hrs Data per Quarter Ending:	09/30/20 Nurse Hours per 6				2.0%	Ortrly Meald		Wght Options:		1.7509	1.5713
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	_					
•	Type of Facility within Peer Group	(зее гонсу маниа)		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	1 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 Srvcs 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	\$
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)	\$18,83
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	\$18,83
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days		į						44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn 7 / Ln 8 Col a	\$197,42	\$106.89	\$0,00	\$15.78	\$17.36	(with L&H)	\$30,75	\$4.54	\$21.28	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								-
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71,12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS ≂ Ln 11, AllOthr ∞ Ln 9		\$71,12	\$0,00	\$15.78	\$17,36		\$30,75	\$4.54	\$21,28	\$0.8
13	Per Diem Standards (Atter Stalewide CMA for Routine Srvcs)	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 En 12 or En 13	\$142,54	\$71,12	\$0,00	\$15.78	\$17,36		\$24.02	\$4.54	8,90	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons									,	(FRV)	
15	· ·	Ln 14 x Gryth Allwing %	\$23,56	\$13.06	***	60.00						
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.10	\$13.06	\$0.00	\$2,90	\$3.19	\$0,00	\$4.41	N/A	N/A	N/a
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Otr End	\$190.10		\$0.00	\$18,68	\$20.55	\$0.00	\$28.43	\$4,54	\$8.90	\$0.8
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.7509 \$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	\$0.8
		·		7.77,00	\$0.50	\$10.00	φ20,33	\$0.00	\$20,43	\$4.54	\$6.80	\$0.8
	Quarterly 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 Srvs)	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 Srvcs)	En 19 Col b x Sifng Add-on	\$2.95	\$2.95								
23 24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	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	\$0,0
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	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$177.83						·k···			-

Provide			Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e_Mix Index (0	CMI) Data		Facility Specific	State- wide
Prvdr II	D: 00143602A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	-, ., -+		owth Allowance: trly BIMS score uality Incentive:	N/A 38.5% 4.18	18.37% 2.5% 3.0%	Qrtrly Moaid	Quarterly I	d Overali CMI Medicaid CMI Wght Options:	· 	1.2201 1.6158 1.6455	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
	V///		<u> </u>	b	С	d d	е	f	g	g .	h	i
CASE	MIX BASED RATE CALCULATIONS	1)		;		:
1 Cos	st Center Peer Groups Type of Facility within Peer Group Bod Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 Pi	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentille Peer Group Standards: Multiplier Fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	 - - - - -	50.0% 105.0% \$0.37			
	se Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Re							:	1		
1 1 1	s Filed Cost Center Costs (Routine & Special Srycs Combined) udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjustmts	Ψ1,100,140.00		\$0	\$499,164	\$248,106	\$236,149		1 1	\$398,453	\$0
	cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$101,335) \$4,048,805	\$0 \$2,168,346	\$0 \$0	\$0 \$499,164	\$0	\$0		1	(\$26,499)	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384	\$2,100,340	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL ins Rpt Days	50,004						1	32,758		
	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$121.35	\$64.95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11,27	\$3.75	644.44	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,2201	Ψ0.00	J 414.55	φ(4.5)	(Min) Long	\$11.21	\$3.75	\$11.14	\$0.78
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23				:		1		
12 N	let Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.23	\$0.00	\$14.95	\$14.51		\$11,27	\$3.75	\$11,14	\$0.78
13 Po	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	ase 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
	arterly Per Diem Rate Prior to Add-ons							!	'		(1114)	i
	irowth Allowance Percentage = 18.37%	Ln 14 x Grwth Allwnc %	\$17.27	\$9.78	\$0.00	\$2.75	\$2.67	\$0.00		N/A	N/A	N/A
17	MA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qlr End	\$125.77	\$63.01	\$0.00	\$17.70	\$17.18	\$0.00	\$13.34	\$3.75	\$10.01	\$0.78
18	Orthy Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17	i i	1.6455		:						
	tuarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$166,44	\$103.68 \$103.68	\$0.00	\$17.70	\$17.18	\$0.00	\$13,34	\$3.75	\$10.01	\$0.78
Qua	arterly Per Diem Add-on Amounts						\$70	. 40.00	: 0.0,04	90.13	φιν.υ1	φυ./ο
	fficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	60.44					
	IMS Add-on Per Diem = 2.5% (to Routine Srys)	, , , , , , , , , , , , , , , , , , , ,	\$2.59	\$2.59	\$U.UU	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 N	turse Staff Hrs / Quality Add-on Per Diem: 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.11	\$2.59		:			i	1		
, ,	ursing Home Provider Fee	(Fixed Amount)	\$17.10	w					\$17,10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 29 lhru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qua	arterly 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	\$0.00
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.25			<u></u>			1			70.10

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	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$165.10									V100	T
	Quarterly Case Mix Based Per Diem Rate	***************************************	\$237.24	\$120,70		\$20.70	\$25.97		\$40.22	\$2.79	\$25.63	\$1.23
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$21.74						17.10			
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3,48	\$3.48								
	Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% o Routine Srys)		\$1,16	\$1.16							•====	
	Quarterly Medicaid CMA Allowed Per Diem		\$215,49	\$116.05		\$20.70	\$25.97		\$23.12	\$2.79	\$25.63	\$1,23
	Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			1.4433 \$116.05							(FRV Rate)	
	CMA Allowed Per Diem (After Growth Allowance)		\$179,85	\$80.41		\$20.70	\$25.97		\$23.12	\$ 2.79	\$25.63	\$1.23
	Growth Allowance 18.4%		\$23.31	\$12.48		\$3.21	\$4.03		\$3,59			
	Allowed @ 95% of Std		\$153,75	\$67.93		\$17.49	\$21.94		\$19,53		\$25.63	\$1.23
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lim		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.23
	Total Nursing Facility Days GL-PL Ins, Rpt	FY2018 GL-PL ins. Rpt	l l							63,305		
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt	t							\$ 176,326		
	Per Diem Costs and Add-ons				•		-					
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100 0%		105.0%			
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards & Efficiency Measure Limits						7 CCG C/2CG	7.07 2.00 012.00	7 203 01263			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes				
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Cost Center Peer Groups per Selected Options		1	1	! 1	! 2	1	۱ ،	1 1	f i	i	1
CA	SE MIX BASED RATE CALCULATIONS		!	<u> </u>	<u> </u>	<u> </u>	e	IT	9	L	h h	<u> </u>
"		Calculations	a	b	c	l d	, ,	& Maint	General		Related	Insurance
Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operatns	and	Insurance	and	and
		_		Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
				o Day Quanty moonare.	0.72	0.070	Citily in	Cald Civil W IXO	o wynt Options.		1.4433	1.5713
	MDS & Nurse Hrs Data per Quarter Ending:		irse Hours per On-Si	e Day/Quality Incentive:	3.42	3.0%	Octobe Mile		iy Medicaid Civil: G Wght Options:		1.4433	1,5438
	H/B ?: No Case Mix Per Diem Rate Effective Date:	01/01/21		BIMS:	29.4%	1.0%			iod Overail CMI; fy Medicaid CMI;		1.2181 1.4213	1.3617
	vdr ID: 00141512A		Add-dil t	Growth Allowance:	N/A	18,37%		Case Mix Index	riod Overall CMI:		Specific	wide
Dr.	ovider: Wynfield Park Health & Rehab		Add on F	ata and Percentages	Facility Score	Add-on Percent					Facility	State-

FINAL

Case Mix Based All Facilities Facility Facility Facility Facility Facility Facility Faci	Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	01/01/21 09/30/20 Nurs		ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 40.0% 3.47	Add-on Percent 18.37% 2.5% 2.0%	*	Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3015 1.3225	State- wide 1.3617 1.5438 1.5713
Cast Massed Rate CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Sizes Range within Peer Group Bed Sizes Range within Peer Group Bed Sizes Range within Peer Group Standards: Percentile Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standards: Peer Group Standard: Peer Group Standard Peer Diem (Alter CMA For Routine Stros) Peer Group Standards: Peer Group Standards: Peer Group Standard: Peer Gr	Line Description			Services		Dietary		Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group All Facilities Bed Size Range within Peer Group All Facilities All			a	b	С	d	е	f	g		h	i
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 17.10	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 18.4% CMA Allowed Per Diem (After Growth Alowance) 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	FY2018 GL-PL Ins. Rpt	\$23.31 \$194.82 \$220.75	90.0% 100.0% \$0.53 \$71.51 \$67.93 \$12.48 \$80.41 1.3225 \$106.34	90.0% 100.0% \$0.00	Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$3.21 \$20.70	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$4.03 \$25.97	All Bed Sizes	50.0% 105.0% \$0.37 \$20.56 \$19.53 \$3.59 \$23.12	\$ 2.99	\$36.35 \$36.35 (FRV Rate)	7.77.77
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$21.89	* T000 000								
Quartering daser mix based ret blefti Rate \$40.22 \$2.99 \$36.35 Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% \$169.15		\$400.4F	\$242.64	\$111.13		\$20.70	\$25.97		\$40.22	\$2.99	\$36.35	\$5.28